Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

CAPTIVE SURGEON IN HONG KONG: THE STORY OF THE BRITISH MILITARY HOSPITAL, HONG KONG 1942-1945

DONALD C. BOWIE

*The future comes one day at a time**

In international, as in private life, what counts most is not really what happens to someone, but how he bears what happens to him†.

INTRODUCTION

Ever since I sailed from Hong Kong in September 1945 after my release as a prisoner of war, I have waited for a suitable opportunity to write an account of the experiences of those who served or were patients in the British Military Hospital there. The story will be almost entirely about men for, though I served in the hospital from April 1939, the period of which I write is only that covered by my diaries which began in August 1942. It was then that I took charge of the hospital after the women nurses were removed by the Japanese and except for two, interned thereafter in Stanley. The two exceptions were Latvian and Russian women, lately medical students in Hongkong University who were released in Hong Kong and sent later to North China. The two Canadian nurses were repatriated to Canada from Stanley in November, 1943.

The position of Senior Medical Officer was thrust upon me at twenty-four hours notice, and from the 7th August 1942 I kept diaries of events, daily at first but never less frequently than every two-three days, up to the 8th September 1945. Up to September, 1944, I summarized events in a separate book each month and all were sealed in tins and buried in our cemetery in Bowen Road up to March 1945. I recovered the buried diaries after the Japanese surrender and to these I was able to add the 1945 diaries which I had compiled while in the Central British School, Kowloon.

During the long years of captivity I also compiled and saved in the same way a report on our wartime surgical experiences in

---

* Old saying.

† Quoted here from *Present at the Creation* by Dean Acheson, 1969, who attributes it to George Keenan. The sentiment itself must have been expressed millions of times since principle sought to replace instinct as a guide to human behaviour.

For the author's career see end of this article.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Bowen Road. This report was fortunately completed long before the Japanese on 9 June, 1945, burned the original case sheets, operation books and other records from which they were compiled. Also preverved were records of rations provided by the Japanese, of gifts from the British and other Red Cross Societies, of gifts from Local Red Cross sources and local well-wishers, and menus of our meals and special diets. I still have all this material and it provides the basis for the account I now write. I did not, unfortunately preserve any copies of the propaganda leaflets dropped by the Japanese during hostilities or of the English language Hongkong News, published under Japanese auspices in Hong Kong during their occupation.

The delay of thirty years in writing this story needs explanation. When I first came home I shared the plight of thousands who returned after years when we were completely out of touch with the changes that had taken place in the world, ignorant of the details of war, of the changes in the country and in the services and of the way people lived. The vocabulary was new, the developments were enormous and we had much ground to make up physically. It was not too difficult to acquire a veneer; it was less easy to take our places with any assurance in the new world of 1945 and 1946. Much work was needed. When I resumed duty in the army, after my release, I was given a chance to play a part in the Royal Army Medical College, Millbank, in the postgraduate medical training of R.A.M.C. officers, and in expanding the training of specialists. I seized this opportunity eagerly for I was well aware of the defects in the training of myself and my contemporaries. My time became fully engaged in this work. Four years later a chance was offered to me to play a similar part in civil life on appointment as a Regional Postgraduate Dean, in the British Postgraduate Medical Federation, University of London. The need for improved training was quite as urgent in civil life as it was in the army, the field was bigger, and it was not until I retired from that appointment many years later that I found time to return to the task I had wanted to tackle for so long. It seemed to me that an account of events in Hong Kong, as known to me, might provide a useful contribution to the history of the Colony, and that the achievements of the staff and the fortitude of the patients deserved to be recorded. I thought also that here and there perhaps, those serving today might discern from the story something of value to themselves and their Corps.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

When I started to write this account I intended to concentrate upon the experiences of staff and patients, and to restrict reference to myself to trying to cast a little light on situations which otherwise might seem obscure. My diary notes, though voluminous, were for the most part phrased in what I thought then discreet language in case they were discovered by the Japanese. I had a healthy respect for the Japanese capacity for dealing out punishment to anyone who failed to obey their orders to the letter. This discretion, allied to a tendency to refer in cryptic terms to events which filled my mind at the time but which have now faded from my memory, has left me with masses of statistics and information of a kind which I have found difficult to weave into a coherent story which will do justice to patients and staff. I have lost touch with nearly all my colleagues and friends whose own memories might have stimulated me, and in this account I am therefore relying far more on personal recollections and experiences to round off the story than I ever intended originally. I hope that those who shared these years with me will, if they read the story, forgive the change in emphasis which these considerations have made necessary. Looking back over my diaries now I am glad that I never had to explan some of the entries to the Japanese. I learned enough then to understand now that a quite truthful explanation of a simple description of an event might not be accepted. Practised interrogators were known to use methods against which the truth finds it hard to prevail. Fortunately I never had to submit to such an ordeal.

This then is the story of the British Military Hospital, Hong Kong. I did not see any prisoner of war camps until I lived in Sham Shui Po for a few days in March 1945 when conditions had, as they had also in the hospital, become much more stable. I am in no position to write the stories of the camps, and any references I may make to conditions there are based on hearsay only. Their medical and administrative problems were different from those we met in the hospital.

After considering in a prelude the general situation in Hong Kong as I saw it, I refer briefly to the period of hostilities and then to the early months of captivity up to August 1942. I then deal in more detail with events from that date onwards fortified by the notes in my own diaries.

The story of the Army Medical Services in Hong Kong is contained in Volume 11 of the Official Medical History of the Second

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

World War dealing with the Campaigns. This was compiled from records and reports prepared for the editorial board by Colonel J. T. Simson, Lt. Col. C.O. Shackleton, Dr. P.S. Selwyn-Clarke and myself.

PRELUDE

Up to 8 December, 1941

After twenty-four hours delay outside the harbour because of fog, my wife and I disembarked in Hong Kong one fateful day, 1 April 1939, where I took up duty as surgical specialist in the British Military Hospital, Bowen Road. The Colony was by far the most beautiful station in which I had ever served and the scenery recalled to me, as to many others, parts of the west coast of Scotland. Twelve years earlier I had spent a short time there on my way to Shanghai, Tientsin, Peking and Shan hai kwan so that the scenes were not altogether strange to me. We lived a pleasant life in a hotel and flat for the next fifteen months.

Because of fears that a Japanese attack was imminent my wife was evacuated in July 1940, first to the Philippines along with service and civilian wives and families and thence to Sydney with them. She took hardly to the regimentation inevitable in view of the numbers involved, and after living in Melbourne, Sydney and Brisbane she left the shelter of the official evacuation. In some fashion she contrived to make her onward journey to the west via Hong Kong and after a short interlude there she lived successively in Singapore, Colombo, up-country in Ceylon, in Calcutta, Delhi and Bombay before she reached England on 4 July 1942. At one time in India she was tempted by an offer to go to Chungking to work there with a financial expert friend of ours who was attached to the Chinese government at that time, but in the end she did not. Experiences of this kind were not uncommon among service wives and I include this short note of her travels to show what a war-time evacuation of families can mean.

With her departure my own life in Hong Kong continued to be filled agreeably enough with work, including valuable experiences with the University Department of Surgery and the Professor, K.H. Digby. There were plenty of opportunities for physical exercise, and I carried out an order to prepare lists of surgical equipment I judged necessary to fit army hospitals for the inevitable coming

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

conflict. I came to regret my thoroughness, for there was never time to use the equipment thus accumulated and this must have been splendid booty for the Japanese. There was also a full social life; many British women had enrolled for nursing and other essential duties and had not been evacuated. The Hong Kong Hotel was a gay place indeed, particularly on a Saturday night.

In October 1938, 35,000 Japanese troops had landed in Bias Bay on the China coast 35 miles from Hong Kong, and had then occupied Canton and had cut all communications between Hong Kong and mainland China. Patrolling Japanese ships thereafter made sailing from the Colony outside a circumscribed area very hazardous. In February 1939 the Japanese occupied the island of Hainan, 300 miles to the south of Hong Kong thus controlling the sea communications with Singapore. Curiously, after my arrival I do not remember taking part in any serious discussions with my friends about the prospects of a successful defence of Hong Kong. There were however plenty of rumours to fill the air. It was generally known that the strategic plan required Hong Kong to resist an attack for 90 days before a relief could arrive, a decision taken by the British Chiefs of Staff in 1937. In February 1940 the home authorities decided that food reserves should be accumulated for 130 days, while in August 1940 the Chiefs of Staff reached a further decision that in case of war with Japan, Hong Kong should be regarded as an outpost to be held as long as possible. After the war I learned from Liddell Hart's *History of the Second World War*, that in February 1940 the Chiefs of Staff concluded that the troops should be withdrawn from Hong Kong. Nothing was done to give effect to this decision. I have no doubt that the decision taken in February 1940 was the correct one which could with advantage have been taken much earlier. Ever since my arrival in Hong Kong in 1939 I believed that the Colony could not be defended successfully. The frontier, beyond which lay a strong Japanese army, was some 20 miles from Hong Kong harbour, the line to be defended, the so-called Gin Drinkers line was less than 5 miles from the harbour, the Japanese navy controlled the coast, our airport was tiny and the Air Force planes were few in number and no match in performance for their potential opponents. One and a half million Chinese civilians were crowded into Kowloon and Victoria. Roads suitable for wheeled traffic were few and open to close observation at many points. The whole picture left no doubt

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

in my mind that the Colony could not hold out long against an attack. After France fell in June 1940 the outlook darkened further.

At this time I was a major of 22 years service but I held a lowly position in the Army List for my Corps, being near the bottom of a block of officers who had been commissioned during the First World War. I had prepared for a career in Surgery and I also had experience of administration. In theatres where the army was expanding, promotion for officers in my position was nearly certain but in Hong Kong there was no such possibility. For a time I hoped I might be posted elsewhere, and while I never thought it possible that I might get home the Middle East seemed just a possibility. The likeliest destination for me if I moved at all seemed to be Singapore where my friends told me of the huge increase of strength in the army there. I was never moved.

I had no part in preparing the army's plans for increased hospital accommodation in Hong Kong in war. Some of the buildings it was sought to use were occupied by religious orders, some of which were Italian and I understood that Colonel John Simson, the Assistant Director of Medical Services, China Command found difficulty inspecting these and met a blank refusal to a request that we might be allowed to make a preliminary accumulation of medical stores in some of these buildings. The Hong Kong Government was, I believe, unwilling on grounds of policy to overrule the objections. The Indian Army Hospital which was in Kowloon and which accommodated some British patients as well, was on the outbreak of hostilities to close, cross the harbour and reopen on the Island of Hong Kong in the Chinese Hospital, Tung Wah East. With the frontier so close to the harbour this would obviously be a difficult operation and I was sorry for the A.D.M.S. who had to plan under these conditions.

I have been able to obtain through the courtesy of Colonel R. H. Freeman and Brigadier John Lapper, a postwar aerial photograph of the Military Hospital buildings in Bowen Road, which I reproduce here (plate 17). The photograph shows that new buildings have been added since the war and does not show the hospital reservoir. The hospital was built in two wings each containing a ground floor and two storeys, and these wings were connected by a central block which held the administrative offices. To the north there was a magnificent view over the harbour to the mountains of the New Territories while in the rear of the building the ground rose

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

steeply to one of the passes, Magazine Gap, through which roads passed from one side of the Island to the other. The hospital had wide shady verandahs but no lifts, and all windows had heavy wooden shutters for use during typhoons. A reservoir for fire fighting purposes had been constructed a little above hospital level and was fed by hill streams. Above that again was the Nursing Sisters Mess. About the same level as the hospital were quarters for warrant officers and a barrack block for male staff, a NAAFI block for recreation and a tennis court together with some lesser outbuildings. Below the hospital was the Sergeants Mess and a residential block for married staff, "H" block. There was only one approach road winding up to the hospital, Borrett Road, but there was a subsidiary road, Bowen Road, running along a contour line but not strong enough to take heavy traffic. The hospital was one of the landmarks of the Hong Kong scene when viewed from the mainland. Below the hospital the ground fell steeply to the main road linking the city of Victoria and the Island to the east, and to the Naval Command Headquarters in H.M.S. Tamar, the Naval Dockyard and the headquarters of China Command. The hospital was therefore close to legitimate enemy targets and any margin for error in artillery fire and aerial bombing was reduced still further by the precipitous slope on which it stood.

The hospital however had nowhere else to go, and Colonel Shackleton the commanding officer used his considerable ingenuity to have two operating theatres with their necessary adjuncts and X-Ray rooms constructed in the basement of the administration block. Engines for generating electricity, one capable of supplying the theatres and X-ray room, the other able to serve part of the hospital as well were installed and were of great value during hostilities and during the long period of captivity. When the hospital was severely damaged and the kitchen totally destroyed very early on by aerial bombs and shell fire, Shackleton speedily got an emergency kitchen operating in the sergeants mess and set up a protective wall of concrete blocks, known to us from a much publicised local court case as "Mimi Lau's", on the harbour side of the ground floor wards. Shackleton was a forceful character, apparently not aware of fear, who was ready to cut through any red tape which obstructed his aims. He liked his own way and was not an easy man to have under command, but to those relying upon his administration in war he always provided what was needed.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

In the Colony trade went on and there was much talk of the value of Hong Kong to Great Britian as a provider of foreign currency through its commerce. The fine young men in civil life in Hong Kong, prevented from travelling to join the forces at home, like many others, found it hard to reconcile the argument in favour of acquiring foreign currency with their knowledge that a large proportion of the goods exported found its way to Japan. They were all keen members of the Hong Kong Volunteer Defence Corps. It may be claimed that our trading policy delayed Japan's entry into the war, but to many it seemed that economic and strategic considerations were at cross purposes.

I came in contact with Indian troops in the Colony mainly in an individual professional capacity when my surgical services were needed, but I imagine they were subject to the same effects of garrison duty as were the British troops. Garrison duty has never in any army provided a satisfactory training for active service, and Hong Kong provided yet another example of the truth of this. Once the arrangements for manning the defences were mastered the Island and the New Territories gave little scope for the most ingenious commander or space in which he could exercise and retain the interest of his troops. This left sports to absorb, by no means completely, the youthful energies of strong young men. Many of these had been received as friends in families in Hong Kong, some had contracted stable relationships with women but many had little to occupy themselves when off duty. I well remember seeing men flushed from their games trying to get into the China Fleet Club on the Victoria water front. They were obliged to shoulder their way physically through the crowd of Chinese and Eurasian women seeking them as companions. Not all of these were attractive, but girls of these races are among the most beautifully shaped that, in a wide experience, I have ever met. Co-habitation with a high proportion of these girls led to venereal infection and some men sought satisfaction in their own sex. Alas, this did not safeguard them from infection. Another hazard was malaria. About October 1941 the army manned the defences in an exercise and following this a substantial number of soldiers contracted malaria and needed treatment in hospital. Before many had regained strength after the fever, the army was deployed during the phase which led to open war. I pay high tribute to the spirit and the readiness with which these men met the call. Everyone who was

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

thought fit to fight was discharged from hospital, but there must have been many of those manning the mainland defences whose legs felt weak and shaky following the fever and anaemia of the disease as they covered the hilly and terribly uneven country they were called on to defend.

The news from Europe, North Africa and the United Kingdom during 1940 and the first part of 1941 was very bad, while the stories of the German advances in Russia after June 1941 added to the general depression. In October 1941, two battalions of Canadian infantry, the Winnipeg Grenadiers and the Royal Rifles of Canada, disembarked in Hong Kong. With these came a number of Canadian Army Medical Officers, with Major John Crawford in charge, and two Canadian Army Nursing Sisters. The sight of these strongly built young men was momentarily, and quite irrationally comforting, but this feeling was soon replaced by astonishment that anyone should have dreamed that reinforcements of this order could possibly have altered the situation. In the event the Japanese attacked before the poor Canadians, who were not even accompanied by their transport, had time to settle down and they merely added to the numbers of casualties incurred and prisoners taken by the enemy. In February 1941 it might have been agreed that there were no ships available to withdraw the troops from Hong Kong, but in October of the same year ships were found to bring in more.

I have chronicled my own thoughts on the situation in Hong Kong in the years leading up to December 1941 only to give some idea of the position as it appeared to one individual and as a background to an account of the events which followed. I do not know that these thoughts were shared by many others though it would be strange if they were not. There was certainly no defeatist spirit abroad and the general feeling seemed to be one of some confidence in our ability to hold the Japanese for a time. I imagine that many shared my own feeling in 1941 that since I could not change the situation I would have to put up with it. And so, on the morning of 8 December 1941, Dr. J.W. Anderson, who had most generously shared his house with me, and I stood at Magazine Gap and had a spectacular grand stand view of the short Japanese air attack on Kai Tak airport by the end of which no British planes remained able to fly. Together he, now a major R.A.M.C., and I moved into

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

the Military Hospital in Bowen Road, which I scarcely left until we moved to Kowloon in March 1945.

8-25 DECEMBER, 1941

During hostilities eleven hospitals on the Island received casualties. These were:—

Military Hospital, Bowen Road.
St. Albert's Convent
St. Stephen's College, Stanley.
Stanley Prison Hospital
Hongkong Hotel.
Matilda Hospital, The Peak.
Indian Military Hospital, Tung Wah East.
Royal Naval Hospital.
Queen Mary Hospital, Pokfulam.
University Hospital, University Buildings.
War Memorial Hospital, The Peak.

The Indian Hospital was responsible mainly for Indian casualties, but like all other hospitals, service and civil alike, admitted any casualties which occurred nearby. The hospital in Bowen Road acted as a Casualty Clearing Station during hostilities, a role which though foreseen was forced upon us very early by shell fire and aerial bomb hits which caused casualities among the staff, destroyed the kitchen and damaged the structure to such an extent that it became unsafe to use the two top floors as wards. After surgical treatment patients, when fit to move, were transferred to other hospitals thought to be a little safer, and to emergency accommodation opened elsewhere such as the Hong Kong Hotel where they were nursed on mattresses laid on the ballroom floor. The main approach road to Bowen Road, Borrett Road, was soon damaged by shell fire and for a time ambulance cars could not reach the hospital at all. Casualties then had to be carried on stretchers by our staff over long stretches of slippery wet and steep slopes of mud.

The basement operating theatres and X-ray room in the hospital proved to be a great success, and early and effective surgery was carried out successfully. The occupation of Kowloon by the Japanese, complete by 18 December, cut off our sources of supply of anaesthetic gases, mains water and electricity. We then used our generators to supply light and power and drew water from our reservoir. One of our wards had been made gas-proof but neither

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

side used gas in our short campaign. In a later section I shall refer in more detail to the casualties. I have noted earlier that Shackleton's war-time command in the hospital was splendid. As in all beaten armies there were some less stout hearted soldiers; some of these, uninjured, sought shelter in the hospital in the last stages of hostilities, but Shackleton overcame this hazard effectively as he did the many others that arose. He was never a man tolerant of weakness.

The nursing service was first rate, led by the Matron, Miss E. M. B. Dyson, (the Q.A.'s did not have service rank at that time) and the wounded enjoyed a splendid standard of care right up to the end when the hospital was practically in the front line. The members of the R.A.M.C., R.A.D.C., and attached R.E. stuck to their jobs manfully. The Chinese drivers of ambulance and other cars disappeared into the civilian population as our defeat came nearer, and none should blame them.

In the hospital we heard Japanese shells fired from the mainland pass overhead and watched them burst on houses on the Peak. We saw boats bringing Japanese troops from Kowloon in broad daylight to land at North Point. They passed unopposed across the harbour, for apparently our guns could not be brought to bear on them while our defences in the North Point area had been silenced. I saw the harbour crossings made under flags of truce by Japanese officers carrying demands for the surrender of the Colony. These were rejected. In the last stages we watched the Japanese shelling of Magazine Gap just above the hospital, and we had to keep under cover when moving about the hospital to avoid mortar and small arms fire. It is however one of my treasured memories to recall the reaction of Miss G. Colthorpe, one of the Reserve Q.A. sisters, to the surrender of the Colony. She would have hanged the Governor and the General Officer Commanding on the spot. The urgency of the surrender was soon only too evident for we saw long columns of Japanese troops pass along Bowen Road immediately below the hospital, and the front line could not have been more than four hundred yards or so from the hospital at the time of our capitulation. I believe that it was the fact that we were not overrun in battle that saved patients and staff from the rape and murder which disfigured the campaign in Stanley, Happy Valley and elsewhere.

Earlier in this account I said that the topography of the Colony left our troops little or no room for manoeuvre in defence. The

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

troops, in my opinion, put up an excellent resistance from the static strong points which were the mainstay of the defence plan. They were pitted against a numerically superior and much more mobile enemy and no blame should be placed on them for the fact that our resistance was broken in under three weeks, nowhere near the ninety days originally judged to be desirable. These views imply no criticism of the defence plan for the circumstances of the Colony decided the plan. The defence was further prejudiced by the huge population of non-combatants in Kowloon and Victoria. Given the conditions under which our troops had to fight, I believe that our defeat could never have been avoided except by avoiding hostilities altogether. I believe we could have accepted any loss of face which a prewar withdrawal, leaving only internal security forces, would have entailed. Having said that, however, the troops thereby released from Hong Kong would probably have been used in Singapore and almost certainly would not have changed the outcome there. One can only sympathise with the Governor and the G.O.C. and their staffs in their task of defending a Colony whose fate was sealed long before the fighting and they and the troops did their jobs well. The story unfolded slowly but inexorably after the style of a Greek tragedy.

26 DECEMBER 1941 — 7 AUGUST 1942

The Japanese were slow to move in to take control of the hospital though they did concentrate our fighting troops at once and moved them to prisoner of war camps. For years I wondered why the hospital and indeed the whole of Hong Kong was spared the large scale rape, murder and looting which seemed to be the reward for Japanese troops upon the capture of large cities in China. The case of Nanking in December 1937 was the best known of these, when the city was given over to the victorious Japanese troops and for some weeks suffered on a huge scale.

It was not until I read the Official History of the War Against Japan that the probable explanation appeared in Volume 1. The Japanese attack on Hong Kong was made by the 38 Division reinforced by additional troops. The division had three regiments, the 228, 229 and 230 Infantry Regiments. The 228 regiment was transferred from Hong Kong to Davao in 18 January 1942 and thence to Amboina and Timor. The 229 regiment and one battalion

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

of 230 moved on 20 January 1942 from Hong Kong to Camranh Bay and thence to Sumatra. The 230 regiment left Camranh Bay on 18 February 1942 and landed at Java. The whole Japanese operations in Hong Kong, the Philippines, Malaya and elsewhere had been carried out by only eleven divisions. As soon therefore as Hong Kong fell on 25 December 1941 it must have been Japanese policy to withdraw the fighting troops in order to replace their losses, which had been substantial, reequip and reorganise them for the next operation. The atrocities in Stanley, Happy Valley and elsewhere were carried out by fighting troops flushed by success in battle. I imagine that these must have been withdrawn before our hospital and Hong Kong generally suffered. This seems the most likely explanation for the facts, for as I said earlier Bowen Road was practically in the front line as the fighting ended and the city of Victoria was an exceedingly rich prize.

During hostilities we in Hong Kong learned of the sinking of the *Prince of Wales* and the *Repulse* off the Malayan coast, which with the destruction also of a large part of the American fleet of course extinguished any hopes of relief. Rumour spread among us and was eagerly passed on that a Chinese army was hastening to our rescue. To those who had watched the failure of the Kuo Min Tang Chinese to make an effective attempt to dislodge the Japanese armies from Canton and South China since 1938 this story was considered to be most unlikely to be true, as so it proved.

Soon after our surrender, nurses and other staff and patients who had survived the outrages of Stanley, Happy Valley, St. Albert's Convent Hospital and elsewhere rejoined Bowen Road and their experiences soon became known to all staff and patients. Even so it came as a shock to many to see and hear Japanese methods with captives. For several nights for example our guards had a number of Chinese as prisoners; these they had tied to trees and seemed to carry out barbarities upon them. Some of our people reported that they had smelt burning flesh and certainly the cries of the prisoners were shattering. Rumour had it that the Chinese were caught looting, of which large numbers were undoubtedly guilty, but this experience shook patients and some staff considerably for a while.

One of the early Japanese officers to visit the hospital expressed surprise at finding women there at all, and advised that they should make themselves as inconspicuous as possible. This warning spread

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

rapidly in the hospital but our nurses carried out full duty by day and by night though many had to draw on their reserves of courage to do so.

In Bowen Road the women nurses moved at once into the hospital building from their isolated mess and were joined by their colleagues from other hospitals who had suffered the murderous attacks on themselves, their patients and their doctors. It is not surprising that many of them were deeply apprehensive. They never suffered any overt attacks but in their crowded quarters in war-damaged wards they had to guard against many peeping toms among the Japanese guards. On duty they were objects of much curiosity to sentries who, in their rubber-soled boots would suddenly materialise silently out of the darkness of night with their bayonets fixed. Inquisitive Japanese officers would appear in the wards where many patients had limbs immobilised in various forms of apparatus. Those in Thomas splints suspended from Balkan beams were special objects of curiosity but when Japanese tried to touch the carefully balanced suspensions they were speedily moved on by our sisters. In particular the lady who would have hanged the Governor showed, as might be expected, no fear. The courage and fortitude of our nurses at this time are beyond all praise and their example was of the greatest importance in encouraging male staff and patients.

Early in 1942 the Japanese set about concentrating British and allied wounded, except Indian troops, in Bowen Road. The Japanese had their own political reasons for segregating Indians. By 26 February the only other hospital serving British and allied troops was the small St. Teresa's Hospital in Kowloon which provided a few beds for men from the P.O.W. camps there. Eventually on 11 August 1942 St. Teresa's was closed and its few patients who still needed care were moved to Bowen Road. Thereafter no British or allied wounded remained in any other service or civil hospital or building which had been used as a hospital.

The Military Hospital, Bowen Road, thus fell into Japanese hands structurally damaged but functionally practically intact, fully equipped with beds, mattresses, blankets, sheets, normal hospital furniture and office equipment and ample surgical equipment, laboratory resources and good stocks of drugs and dressings and medical dietary necessities. Our stocks of ration fuel, coal and expendable materials which we could not replace were soon exhaus-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

ted and after a few weeks we depended upon the Japanese for the supplies of these basic necessities.

Though the Japanese had not signed the Geneva Convention 1929 they apparently notified to governments concerned their intention to abide by its provisions, and in 1942 recognised the position of the International Red Cross in Hong Kong. The first Red Cross inspection of Bowen Road took place in June 1942 before I began to keep my diaries and I have now no note of this.

We did not know it at the time but the Japanese obviously decided as an article of policy to leave our hospital with its own staff to look after allied sick and wounded prisoners of war. They decided the size of the staff, the number of patients who were to be admitted and sometimes who were to be discharged. They did not interfere with the treatment of our patients nor did they remove anything other than minor quantities of drugs and equipment from our stores.

I have no means of judging accurately but my feeling is that the Japanese supplied us with food, fuel and small quantities of material for repairing clothes and boots, essentials such as soap etc., on what were probably the scales they used for their own troops. Perhaps the scales were those for their garrison troops rather than for fighting troops; I can recall that our Formosan guards were poorly dressed and I know shared our anxieties when rations were late arriving. Japanese fighting troops of course drew largely upon local resources for food etc., during their campaigns.

In the hospital we had Japanese-supplied electricity and water for nearly three years, and when these finally failed we had recourse to our own alternative sources of power and improvised water supplies. We had no periods of relief from our surroundings and were increasingly closely confined as the years passed. I draw attention now to these points since, and before I close this account, I shall try to assess how far the outcome of our story, happier than it might have been, depended upon the Japanese and how far it depended on the efforts of our own staff and patients, the Red Cross and our friends in Hong Kong.

I had made few records of the food situation before August 1942 but we fared none too well for rations. Of course we had some stocks of our own and Lt. F.J. Campbell, the quartermaster and his staff made forays without Japanese leave on the ration dumps accumulated by us in the Colony before hostilities began. These

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

expeditions were always anxious occasions, for the roads were patrolled by Japanese troops, communication between our people and them was impossible, Red Cross brassards were of no protective value and stoppages and incidents were common. Fortunately Campbell and his men suffered no more than slappings and some minor indignities but they did a first rate job in replenishing our stores. Our messing situation was however precarious in these early months.

The Chinese staff of the hospital, except for a couple or so who had known no other life than Bowen Road for years had long departed and anything we wanted done had to be done by ourselves.

We had a hospital full of seriously ill men, most of them severely wounded, and we set to work to complete the surgical treatment of the war casualties. In the underground theatres we operated in the morning and evenings, leaving an hour or two in the afternoons to get a blow of fresh air. We could no longer dry-sterilise our operating towels etc. and so we boiled them. The method was effective though, because our clean surgical wounds remained uninfected and grafts including pedicle grafts were accepted cleanly. Surgical procedures were followed by as smooth progress as we could have wished for. Our coal stocks were soon exhausted but theatre sisters and staff were very successful in their improvisations. The supply of electricity from the mains was cut off for a while but the deficiency was remedied by our generators.

We were anxious about the surgical situation. We did not know if our staff would be left to care for our own wounded, but a rumour which spread round the hospital one night soon after our surrender that all doctors were to be moved next day proved to be unfounded, though I always thought that such a specific rumour as this had some kind of basis. It was perhaps at this time that a clear decision was taken by the Japanese as to our future. We were anxious particularly about the effects of wound infection upon the health of patients already undernourished, for we knew that this would certainly hasten the development of deficiency diseases. And so our days were filled.

We were alive to the dangers of undernourishment on a poorly balanced diet especially as the change came about suddenly from the diet to which our troops were accustomed. On 16 April 1942, as surgical specialist, I joined with my specialist physician colleague, Major Gerald Harrison, in drawing attention to the problem in a

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

letter to our commanding officer, Colonel Shackleton, which he at once passed to the Japanese. In the letter we said that the progress to recovery of our wounded and sick patients was being impeded by a diet low in protein, vitamin and total calorie value and also by the difficulty of overcoming chronic sepsis on a deficient diet. We quoted League of Nations standards, well aware of the fact that Japan had left the League after her Manchurian adventure in 1933. We suggested a diet more suited to our habits and needs. Looking at this letter today I believe that we put our requests on a very moderate level.

Some time in 1942, well before August, the Japanese began to pay commissioned officers both staff and patients. Our nurses were not paid nor were any of our working staff. We were paid in "military" yen, which at first I think had the same value as the yen, and Shackleton set up a patients' Comforts Fund and an Extra Diets Fund to which officers made contributions on a scale which at first lacked regularity. On 3 August 1942 Harrison and I wrote again expressing our disquiet about the whole patients and staff situation and advised that all efforts to improve conditions should be financed through a Central Hospital Fund supported by all officers. We identified the needs under four heads; those of patients for special diets during and after dysentery, surgery etc., those of staff upon whom the work fell, the need of every person for improved food value in the rations and variation in the monotony of diet, and lastly the need of our whole community for electric bulbs, sewing cotton, soap etc. We quoted our basic average diet for the months of April, May and June and July 1942 (see Appendix "A", Table 1.) Perhaps a clearer idea of the position is conveyed by the fact that in the week 23 July to 1 August 1942 we had fish twice, meat once and a sweet rice pudding once, the last being the only dish for mid-day dinner, while all other dinners consisted of boiled rice and boiled vegetables only. Breakfast and suppers were rice or bread and sugar, syrup or vegetables, the whole diet being ill calculated to appeal to a sick man. Many so called well men ate only as a duty to themselves and certainly not as a pleasureable activity.

The hospital had narrowly escaped a further disaster during hostilities for a large shell, a four inch I think, had pitched at the junction of the road above the hospital leading to the sisters' mess and the lower wall of the reservoir. Had it exploded the reservoir

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

wall would have been breached and a huge volume of water would have swept down hill. The theatres and X-ray department would have been flooded and put out of action as would have been the emergency kitchen in the sergeants' mess, while the approach roads to the hospital would have been further damaged. Fortunately the shell did not explode and after hostilities our sappers successfully removed it to a place where it could do less harm if it exploded. Even so a crack leak was caused in the reservoir wall which caused us much trouble subsequently.

There was a surprising laxity about the early Japanese arrangements for guarding the hospital, contrasting with their later stringency. I remember climbing to Magazine Gap for exercise and curiosity's sake with a companion after the surrender and then following the road to the Peak for a considerable distance. A few Japanese patrols and sentries did not try to check us provided they were saluted as befitted the representatives of the Imperial Army. Soon however the hospital was wired in, the barrier at first allowing us access to the Barrack and N.A.A.F.I. Blocks as well as to the tennis court, the minor buildings and the ground round the reservoir. The guard post was in Bowen Road immediately below the hospital while the guard barracks were in our former married quarters in "H" Block. The Japanese administrators of the hospital lived in the former sisters' mess. The area allowed to us was therefore generous at the beginning, but was drastically reduced later on. Movement outside the wire was prohibited except when on working parties under guard.

The A.D.M.S., Colonel John Simson, had joined us in the hospital after surrender. He was a short, powerfully built man who had played rugby football for Scotland and had spent a number of years in the Sudan where he was a noted big game shot. In the hospital we were ordered to salute all Japanese officers, N.C.O.'s and sentries. John Simson's salute was a joy to see; with his cap on the back of his head and tilted to one side he would bring a forefinger up to eye level in much the same manner as a coutryman at home might have acknowledged the local squire days gone by, except that the gesture was full of what used to be called dumb insolence in our army. The only way in which the salutation could have been more expressive would have been for him to have applied his thumb to his nose at the same time. While in Bowen Road he helped in a number of communal enterprises but sought no part in

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

the administration of the hospital. Though his wife and family had been safely evacuated in 1940 he had continued to live in his house, and sometime after our surrender I well recall him telling me that he had never in his life felt more care-free, for having lost practically all his possessions he had little left to worry about.

Lieutenant Colonel Cedric Shackleton was a powerfully built man, not very tall but with strong facial features. He was polite enough to the Japanese but to me he always seemed to carry a "be damned to you" expression. Much of this was simply natural to him as I recognised from having known him for years, but though I do not recall any incidents, I think the Japanese, sensitive as they were, may have felt that they had met a formidable character.

Some dogs had been brought by V.A.D's and others when they mobilised for duty from their homes, and it was gradually borne in upon their owners that feeding and other problems made it undesirable to keep the animals and with one exception they were put down. The exception was a splendid Dobermann being cared for by our Corporal Thompson for a friend of his in Victoria. Thompson was on the quartermaster's staff and had a way of doing things with impunity for which less skilful men would have been soundly punished by the Japanese. We profited in our rations from this talent and eventually he got the dog back to its home in Victoria though I believe that few dogs survived long in civil life.

One of our own men returned to us gravely wounded very early in January 1942. Coporal Norman Leath had been working in the Army Medical Stores at Shau Ki Wan near the Japanese landing points on the Island. When the store was overun the staff who remained were lined up on the steep hillside by their captors and used for sword practice. In most cases the men were killed outright. In the present case the blow aimed to cut off the victim's head was directed at the back of the neck. The force of it toppled him down hill off the track on which he was standing. Some time later he discovered to his surprise that he was still alive and could move, and after a time he crawled away unseen and reaching a road, was picked up in a car which took him to the Queen Mary Hospital in Pokfulam. There he was succoured and shortly afterwards was transferred to Bowen Road. His wound was both wide and deep and his spinal cord had escaped by a miracle. Major Anderson did a splendid job of surgical repair and in due course the victim returned to take charge of the hospital office until our

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

release. His nerve was not shaken by his experience, and it was a privilege to have him on the staff.

Major Charles Boxer had studied the Japanese language in Japan and when hostilities broke out was a staff officer in China Command. Towards the end of the battle on the Island he went out to help the defence in the field and was very seriously wounded. He was taken first to the Queen Mary Hospital and thence to Bowen Road in early January 1942. The Japanese of course knew that he was in Hong Kong and sought him out after our surrender. After the immediate danger of his wound had passed his services as an interpreter were much in demand both by Shackleton and by the Japanese. The surgical problems of our wounded were being brought under better control when on 7 August 1942 Boxer gave me a message from the Japanese that on the following day Simson the A.D.M.S., Shackleton the commanding officer, a named number of officers and other ranks of the staff and 40 patients were to leave Bowen Road and that all women staff were to be transferred away from the hospital 48 hours later. At the time we considered that only twelve patients were fit to go to P.O.W. camp. All except two of the women staff were to be transferred to the Civil Internment Camp on the Stanley Peninsula. The two exceptions, as noted earlier, were released, in Hong Kong. I was promised 30 "first aiders" to replace our nurses but it was much later before 10 Canadian volunteers arrived to help us. The Japanese instruction to me was to take charge of the hospital with Major Gerald Harrison as my deputy. My own position was secure enough for I was much senior to my medical colleagues in the hospital, but Harrison was not the next in seniority in the British army. Before his departure Colonel Simson was good enough to give me a letter in which he "promoted" me to the rank of Lieutenant Colonel and to take charge of the hospital. As an interpolation this development did not forward my career in any way and it was not till 16 January 1946 that I was promoted to the substantive rank of Lieutenant Colonel. My pay in this rank began only upon this date though my seniority was slightly ante-dated. By 1946 I had nearly 28 years service, so my forebodings of 1939 and 1940 about my career were justified. This little story shows that it is always unwise to be captured in war; the effect on the career of a regular soldier can be calamitous. It also illustrates the slow rate of promotion thirty years ago. I was however grateful for Colonel Simson's

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

letter, for this showed that I did not owe my position to Japanese choice. They had been known not to be guided by seniority in the British army when selecting individuals with whom they chose to co-operate in running prisoner camps. The A.D.M.S. and Shackleton left with me letters expressing their admiration of the way the staff in the hospital were carrying on the work, and this was much appreciated.

I had asked in writing for six nursing sisters to be left in the hospital to take charge of nursing but this, like many other requests in the future, was met by complete silence, and all were removed. The staff and the patients who could make the trip gathered in the forecourt to take leave, first of the male staff and patients and second of the women staff 48 hours later as they left in their lorries.

And so by 10 August 1942 I found myself in charge of 211 patients including 25 officers, with a staff of 6 medical officers (including myself), one dental officer, a quartermaster, a Church of England chaplain, 55 other ranks R.A.M.C. and R.A.D.C. and 6 Royal Engineers plus one civilian engineer.

The staff remaining included two very well known Hong Kong doctors, Majors James Anderson R.A.M.C. who thereafter carried out all necessary surgery, my contribution coming when he was unwell or when acting as his assistant, and John Durran, a Hong Kong Volunteer who was both physician and eye specialist. Gerald Harrison was the specialist physician, James Swyer the specialist radiologist, Jack Fraser the specialist ophthalmologist, Norman Fraser the dentist, F.J. Campbell the quarter master and James Squires the padre. Mr. J.L. Muxlow was the senior warrant officer, he had been in charge of the A.D.M.S's office at China Command. Mr. W.L. Bartley had been promoted warrant officer on the spot by Shackleton during hostilities to act as executive warrant officer in order to cope with the varying and awkward, not to say dangerous situations which suddenly developed and he had played his part well. He held his post until our release, but I imagine that his local promotion did not advance his army career for the same reason as held good in my case. We had a splendid, well qualified man, G.P. Shorthouse to take charge of nursing duties, G.W. Forknall was the chief cook and J.H. Platt lived in the food stores and was responsible for all receipts and issues from them. We had an excellent dispenser, D. Harper, and most of the skills needed in a hospital were to be found among our medical and dental staff. The

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

engineers, of whom Mr. E. Sims was senior, contributed many talents from among their seven members and it was remarkable how other abilities, unsuspected beforehand came to be displayed by other staff. We were lucky in our staff not only because of their varied skills but also because of the spirit they showed and their willingness to tackle problems in fields new to them.

I considered that the removal of Simson and Shackleton was part of a Japanese plan to separate from bodies of prisoners those who had exercised command during hostilities and round whom men might rally against their captors. Most very senior officers were also removed from the P.O.W. camps. The only reason I was ever given for the changes was that the Japanese wanted to reduce our staff which they considered to be too large.

When I come to enlarge upon my diaries which are complete after 8 August 1942 it is evident that the period of captivity up to August 1945 divides itself naturally into four parts. First, there was the period of the Infections including wound sepsis, dysentery and diphtheria. Then came the period of Deficiency Diseases. This was followed by a period of Slow Decline which lasted till about March 1945. Finally came a few months of Relative Stability which covered the period from April 1945 up to the Japanese surrender in August. Each stage merged with that which followed, but the divisions are convenient for descriptive purposes. All were characterised by under nutrition.

THE PERIOD OF THE INFECTIONS

During the brief period, only 18 days of active hostilities, I had been much struck by the disabling injuries caused by enemy mortars and grenades. These disintegrated into small pieces, almost slivers of metal which were sprayed in a shower when they exploded. In the patients who got back, these splinters caused many eye and peripheral nerve and blood vessel injuries. Clouds of them also seemed to penetrate the skin and fat though not often deeply, and lodged there or in muscle. All these tiny wounds became infected, the soldier victim was put out of action and his treatment added much to the burdens of our medical services.

Compound injuries of the bones and joints were always infected and the difficulty of eradicating infection added greatly to our anxiety for the outcome in these patients against a background of undernourishment on unbalanced diets.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author ISSN 1991-7295

Great problems arose from dysentery. During hostilities that part of the Island's water supply that came from the mainland was cut off about 18 December 1941. Enemy shelling and bombing fractured many water mains and sewers on the Island; the civil health service was affected; the Japanese brought in many horses; and human bodies were still being picked up in the hills as late as March 1942. Canadian troops were herded into a camp at North Point which had been constructed originally to house refugees from mainland China. This lacked all equipment and myriads of flies made life a misery both there and in camps in Kowloon. Conditions were near ideal for the outbreak of dysentery and this soon appeared. I was never allowed to visit North Point camp, but I learned from patients admitted to Bowen Road from there that there were huge sick parades, that large numbers of men were very ill indeed and that many died.

Some patients with dysentery came to us from Kowloon but most were admitted from North Point. A number, of which I have no record, had been admitted before I took over but this number was swelled substantially in August and succeeding months. The table which follows illustrates very clearly the rise in the deficiency diseases when infections were superimposed upon undernourishment.

Admissions — Infectious and Deficiency Diseases
August-December 1942

	Aug	*Sep*	*Oct*	*Nov*	*Dec*
Diphtheria	18	59	—	—	—
Dysentery	37	91	16	3	7
Deficiency Diseases	17	21	58	66	50

The infecting agent in the cases of dysentery was rarely identified for our laboratory, though well equipped, had no bacteriologist. When patients were treated early control was soon achieved by the use of sulpha drugs which we had in our own stock in the hospital, and these same drugs proved to be very efficient also in more chronic cases which had not yet produced too serious general effects. I must here express my personal deep admiration for the

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

staff, both doctors and R.A.M.C. and R.A.D.C. soldiers who looked after these patients. They did not shrink from an onerous and disagreable task which I can illustrate by a record I have that during the night duty hours of 23-24 September 1942 patients' bowels opened 232 times in the dysentery division. Two nursing orderlies were on duty in that division.

It was not easy to construct a diet suitable for patients in the acute stages of dysentery because of shortages and because of our improvised kitchen. Four diets were used, ranging from a fluids only diet built up from rice water, milk when available, tea, marmite, tomato juice, cocoa, soy sauce, tinned milk foods up to a bread (which we still baked at that time), rice vegetable and fish (when available) diet as a precursor to full diet. Some of these patients became ravenously hungry as they improved and devoured rice in such quantity as to cause renewed diarrhoea.

During the months from August to December 1942 inclusive 154 patients suffering from dysentery were admitted; some had diphtheria as well and a high proportion showed signs of deficiency disease. Of these, 14 died with dysentery as the primary cause of death.

When the patients from St. Teresa's Hospital in Kowloon were transferred to Bowen Road on 11 August 1942 on the closure of that hospital they brought stories of an outbreak of diphtheria in prisoners in Kowloon and the Japanese required me to isolate 10 of the 24 so transferred. None of these patients developed the disease. Of the patients we admitted from North Point Camp with throat infections most were critically ill; the outbreak was explosive, 18 being admitted in August and a further 59 in September, but the Canadians then moved to Kowloon and that was the last of our diphtheria admissions though it was not the last of the outbreak in the camps. Of the diphtheria cases, 19 died up to the end of December 1942, 12 of these deaths occurring in September. In a number of cases there was extensive skin ulceration mainly affecting the scrotum and the perineum while the nose and face were also sometimes affected.

The greatest anxiety in treating the diphtheria sufferers arose from the shortage of serum. In the hospital we had 31000 units in our own stock at the beginning of August. In September we received from the Japanese 37500 units and in October 50000 units. In September Lt. Alec Mackenzie, a Hong Kong man who was a

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

patient of ours told us that a substantial stock of serum had been stored in the Dairy Farm Storage Godown near the vehicular ferry at the beginning of hostilities. We at once asked the Japanese to get this stock for the treatment of prisoners. I never found out whether the supplies we were given came from that stock or not but Sergeant Seino told me that no serum had been found in the Dairy Farm cold store.

Since serum was in such short supply Major Harrison, after anxious consultations in which I and others took part, gave transfusions of whole blood from patients who had recovered from diphtheria to four patients suffering from the disease in an acute form. Two of these recovered. Here again I want to record my personal admiration for the courage of doctors and R.A.M.C. and R.A.D.C. soldiers who nursed these diphtheria cases. Everyone knew of the shortage of serum and all knew the risks of infection. No one shirked the close contacts involved in the treatment of these patients and this to my mind was an outstanding example of cold and sustained courage in a situation where staff were at risk for at least five months. All this was done on an uninviting diet which was low in protein and vitamin content while there was nothing to provide any relief from day to day and little to provide even a diversion. The work of these men cannot be praised too highly and the story deserves to be cherished in the annals of the Corps.

The phase of the Infections had started a little before I assumed charge of the hospital and was drawing to a close by the end of 1942. During the five months 42 deaths occurred, all but five resulting from dysentery, diphtheria or deficiency diseases.

Before the infections came to an end the deficiencies had begun and already before the end of 1942 we were admitting members of the staff suffering from painful feet.

THE PERIOD OF THE DEFICIENCY DISEASES

I make no attempt here to give a scientific account of these diseases. They result from sub-standard nutrition including vitamin deficiencies. When I took charge our doctors were already reporting that many patients were complaining bitterly about burning feet and that some were also showing other signs of neurological damage. Other had ulcers on the cornea, visual defects, sore tongues, ulcers

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

at the corners of the mouth and scrotal oedema. During August 1942 only 17 cases of deficiency diseases were admitted as such, but the same signs were common among the dysentery and diphtheria admissions. We began an investigation into all the various manifestations and intensive treatment was started. These patients with deficiency diseases were to form a nearly immovable block in our patient population for a long time because improvement came about extremely slowly. An outstanding symptom was burning pain in the feet which sometimes required morphine for its relief. Many sought to ease the pain by plunging their feet into cold water and one patient had to be confined in a place where water was not available in order to avoid maceration of the skin. Some who had had deficiency diseases improved enough to return to P.O.W. camps. Others remained in hospital up to our release in 1945. These last had balancing problems, numbness of limbs and visual defects.

The hospital had admitted 1225 patients during 1942 and this figure included all patients transferred to us from all the other civil and service hospitals in the Colony. Of the total, 443 were admitted during the five month period August-December and at 31 December 341 patients remained. Pressure on our accommodation had been severe, and repeated changes in the usage of wards were needed to isolate infectious patients and provide room for all who needed our care. The Canadian P.O.W. camp at North Point closed in October and the troops moved to Kowloon. Perhaps because of the rearrangements required by this move, but almost certainly reinforced by the well known Japanese fear of infectious disease, we were not allowed to discharge patients whom we considered would suffer by a move to a camp. The pressure on our space and feeding arrangements was therefore intense and this did not begin to ease until April 1943. By the end of 1942 however the heaviest burden of the infections had become lighter though the long haul to cope with the deficiencies as the main load had already begun.

The year 1942 had weighed heavily on the spirits and energies of patients and staff. The departure of the women nurses cast a gloom over the hospital. The future seemed uncertain, the rations were poor, patients flooded in, deaths were frequent, but food gifts to the hospital from friends in Hong Kong and the arrival of a Red Cross parcel per head, to which I shall refer later, together with a natural resilience as the acute epidemics subsided towards the end of the year brought about some lightening of the clouds.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

THE PERIOD OF SLOW DECLINE

The year 1943 began with 341 patients in hospital and there were 30 deaths during the year. A number of our own staff had to be admitted for treatment of early deficiencies. Of the 234 patients remaining on 31 December 1943, deficiency diseases accounted for 120, dysentery for 13, pulmonary tuberculosis for 8 and war wounds for 25.

The year 1944 followed much the same pattern as 1943. The hospital admitted 229 patients, discharged 304 and at the end of the year retained 145 patients. Fourteen deaths occurred during the year and the staff admission rate continued to rise.

The hospital closed in Bowen Road on 23 March 1945 and re-opened in the Central British School, Kowloon, on 10 April. Earlier we had been required by the Japanese to reduce the total of patients and staff in the hospital to two hundred. When the hospital moved, therefore, it had only 119 patients and 3 deaths had occurred in 1945 up to 23 March. Sections describing the years 1943 and 1944 will be added later to this account and a short section will cover the last months from April to September 1945. This last few months was what I have called the Period of Relative Stability. It will be convenient to deal with the rationing problem as a whole and a separate section follows devoted to this subject.

FOOD

Of all subjects of general conversation and general interest, the most common was food. The receipt of stocks was carefully watched by patients and staff, and storage issue, preparation, cooking and distribution were always subjected to close scrutiny. This interest with its undertone of slight suspicion was particularly developed in some men and was not at first understood by those who had any responsibilities for food and was the cause of some resentment by the latter. The common interest of all in making the best use of food and in its even distribution led to methods which brought about a diminution of suspicion though opinions were never lacking in all aspects of food economy. Men with special knowledge used to tell of succulent dishes characteristic of different countries and regions and many vowed that they would pay greater attention to such delicacies as pigs' trotters when they were free again.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Our food came from four sources; the Japanese rations, food sent in by our friends in Hong Kong, supplies received from the Red Cross Society and food purchased with funds contributed by officers mainly those in the hospital but also those in the camps from time to time. These contributions were made from pay received from the Japanese by these officers.

Japanese Rations

I have prepared tables (Appendix A) to show the kinds and the amounts of foods issued to us from Japanese sources and used on behalf of patients and staff who were on a full diet. Notes given in the tables give additional information and include details of certain additional Japanese food received and how it was used. The amount in these cases were very small and while they must be recorded, especially the milk, it was rare for any to appear in the general diet and then only as a treat when supplies allowed. Since this is not a scientific treatise I intend the tables to present a broad picture of our food situation. The daily quantities of food therefore are shown as averaged over five months in 1942, rather under three months in Bowen Road in 1945, rather over three months in Kowloon in 1945 and over the whole years of 1943 and 1944. These averages should be read in conjunction with specimen daily menus I set out in tables at Appendix B. There were many, many days on which our diet consisted of boiled rice and vegetables.

In these tables I make no allowances for losses resulting from poor quality, preparation and cooking in the case of vegetables and fish. These losses were usually high and on occasions reached a level of 30% in the case of vegetable which was sometimes rotten when received. We were not choosy when deciding when food was fit to cook and eat. The fresh vegetables in addition to the more usual varieties which practically never included western type potatoes, though we had sweet potatoes more often, did however include such unusual varieties as chrysanthemum leaves, Chinese lily root, tara root and so on. The fish varied greatly; on 10 October 1942 I noted that we had received "long thin fish, shark flesh, baby sharks and heaven knows what, most of it a little old". Sergeant Seino, of whom I shall have more to say later, warned the quartermaster that some fish was perhaps poisonous and advised us to be careful using it. I believe Seino's intention was to be helpful though

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

he did not explain his meaning. I concluded that the fish had probably been taken from the harbour whose waters were thoroughly polluted. Some of the fish was quite horrid and my diary recorded on 8 August 1942 that I could not touch mine. This was quite an admission for it was rare for me to boggle at any sort of food. Our cooks at first removed the fish heads before cooking but Seino pointed out to us that this was a waste. As a result we began to make what we called fish head soup; this proved to be not to everybody's taste but it did add a new if not always attractive flavour to plain boiled rice and vegetables.

Additions to the Japanese supplies of Food.

(a) Gifts from Friends in Hong Kong

Unfortunately I have no record to show the date on which these gifts started, but by August 1942 visitors from the City of Victoria were being allowed to bring gifts of food to the hospital on Mondays and Thursdays. The food was usually contained in gunny sacks and included tins which contained food sealed in by the makers e.g., jam, or which were filled by the donors with for example peanut butter. I have never learned the whole story about these supplies and I hope that Sir Selwyn Selwyn-Clarke, then Dr. P.S. Selwyn-Clarke, will find it possible to relate this in detail.* A little later I shall have more to say about this remarkable man who was Director of Medical Services in Hong Kong at the outbreak of war.

As may be imagined the tins and containers became the vehicles for an exchange of notes between the hospital and citizens in Hong Kong. These notes contained personal and family items of news but very useful information came in from our friends to us suggesting methods of combating the deficiency diseases. Small supplies of important drugs were sent in by this route and information was given on methods of cultivating yeast, hop barm and other preparations thought to remedy vitamin deficiencies. Much ingenuity was expended in the hospital in making false bottoms and lids to tins and I can remember only one time when a communication was discovered. The culprit, a Hong Kong man, reacted by his cries and behaviour in a most satisfactory manner to the slapping he

* Sir Selwyn's autobiography, *Footprints, the Memoirs of Sir Selwyn Selwyn-Clarke,* was published by Sino-American Publishing Company, Hong Kong in 1975.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

got from Sgt. Seino. He was not hurt in the least and I saw him directly afterwards fully relaxed and quite at ease. It struck me then that this sort of noisy reaction would be most satisfying to the person administering the punishment and the man who could put on this kind of act was to be envied. Incidentally I think our patient was lucky that Seino was in charge on this particular day and not Saito. In the very earliest days of these parcel deliveries some hasty speech at long range was possible between some people in hospital and our benefactors though this was soon stopped.

Those who brought parcels to the hospital were of course all women. Some had amahs or servants to help them to transport their heavy burdens up the steep roads to the hospital. Even when they had help, we in the hospital understood the physical effort involved in buying, preparing, packing and carrying heavy loads and even after all the intervening years I am glad to have the chance of expressing the gratitude and admiration I still feel for what they did. They also had to exercise the greatest care never to get at cross purposes with our sometimes uneven tempered guards.

At the receiving end of this supply line I had to withstand some pointed questions. We knew that except for gifts addressed to certain known recipients, for example from wives to husbands and from relatives and friends of inmates all other parcels addressed to people by name were intended for our general use and these latter were taken straight into our hospital store. Sergeant Seino repeatedly required assurances from me that the individuals to whom these particular parcels were addressed were not receiving and using the contents themselves while those less fortunate had to go without. This meant of course that the Japanese were shutting their eyes to a method of getting additional stores into the hospital, and then and now I find this to be strange. I always gave Seino the most explicit guarantees of the facts and showed him how we stored gifts in our steward's store. The only reason for any scepticism on his part might have been that inmates with wives, relatives and close friends outside quite properly retained what they received, though I knew at the time that all who received these personal parcels shared the contents with their friends within the hospital.

I made records of issues of food from our hospital store which came from our Hong Kong friends, but I now find that these records show the combined value of issues from these gifts and from pur-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

chases made using funds voluntarily subscribed by officers of the staff and officer patients. A first charge upon all receipts was to provide what we called "extras" for patients in need and only the surplus after this prime need was met was issued for general use. The true value to the hospital of the gifts received is therefore much greater than appears in the records I am able to give here, which reflect only that portion used for general issue.

(*b*) *Supplies bought with money, contributed by Officers, Staff and Patients.*

I recorded earlier how sometime in 1942 before the departure of our nurses the Japanese began to pay commissioned officers, both staff and patients. In these days members of the Q.A.I.M.N.S., as it was then, were not commissioned and were not paid. I also recorded how Colonel Shackleton started funds from which to finance purchases for the general good. When I succeeded him the funds were reorganised and responsibility for administering them were spread more widely. A Hospital Central Fund was set up and managed by an executive committee of two officer patients and one medical officer with myself as chairman. This received money, still on a voluntary basis, from officers in the hospital and occasionally from those in P.O.W. camps in North Point and in Argyle Street, Kowloon. Disbursements were made to four sub-funds; one to provide extra diets for patients, one to supplement general messing, one to provide necessities and comforts e.g. electric bulbs, cigarettes etc. and lastly a small C.O.'s Fund. The first three were run by sub-committees and I was left to apply the minor resources of the C.O.'s Fund to support any enterprise for the general good.

As a side light on human nature it is interesting to recall that one or two British officers were reluctant for a time to support the Central Fund. They feared, from past experience no doubt that the British army's accounting system would seek to recover from their pay at home the value of the military yen they were receiving from the Japanese. They knew that when they became prisoners, marriage and other allowances ceased and they foresaw that their wives and families might be able to draw only upon their basic pay. This view was ridiculed by the majority who held that we were faced with a situation in which immediate action was required and the reluctant ones soon abandoned their position and made their contributions valiantly. Readers in the 1970s will find it hard to believe

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

that the fears of the reluctant officers were justified. A monthly deduction of the order of £14 was made from the home pay of officers who were prisoners of the Japanese. This, added to the uncertainty in all cases of their husbands' fate, caused great concern to wives. Fortunately, at a later date a wiser and more generous course was taken and by the end of the war all money thus deducted had been refunded.

In addition to their contributions to the Central Fund, officers gave support in money to individual other ranks, patients and staff, and some were particularly generous. It is pleasing to record the generous gifts made from their pay by officer prisoners.

The greatest contribution to our energy requirements was undoubtedly made by the rice in our diet. As an aside on this, my wife told me that when listening to the daily broadcasts on food by the Radio Doctor at that time, Dr. Charles Hill, she heard him say that rice was not a good diet. (It was probably in short supply at home at the time). Incensed, she wrote to him saying that his statement was most disheartening for families who had relatives who were prisoners in Japanese hands, knowing that rice was their staple diet. Needless to say she got no reply but ended up wiser in the arts of propagandists. Because of our dependence upon rice, that part of money spent and gifts devoted to general messing was used on purchases designed to make the wearisome rations more palatable, and also to provide a supplement on the lean days when boiled rice and vegetables were the only food available. If judged solely by calorie values the proportion of energy supplied in the general diet from money contributed by officers and from the gifts of our Hong Kong friends was not large. The money, though, bought substances which were invaluable in giving men some interest in their food and thus in making better use of it.

Adding together the value of gifts received from visitors and purchased using money contributed by officers my records show the following additions to the daily of all receiving general rations

	Protein.G	*Fat*	*Carbohydrate.G.*
1943. — One week in Jan.	7.9	12.6	28.6
Average for June.	3.0	2.0	9.0
Average for Dec.	2.0	3.0	6.0
1944. — Average for March.	1.6	3.6	12.6

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

March 1944 was the last month in which I kept records on the above lines. Earlier a system of bi-monthly intakes of Red Cross supplies, some acquired locally, was started, and these intakes added hugely to the value of the gift parcel system. The new system is described more fully in the section on Red Cross Supplies. Purchases to improve general messing using voluntary contributions of money continued unchanged. I repeat that much of the specially purchased foods and gifts of food from visitors were used to provide for extra and special diets for very sick patients. The figures I give are concerned only with general diets and fail completely to indicate the value to sick patients of these gifts and purchases.

(*c*) *Red Cross Food Supplies*

The value of the contributions made by the Red Cross Society to the well-being of patients and staff can hardly be overestimated. Morale had already been seriously shaken by the removal of our nurses in August 1942 and by the outbreaks of dysentery and diphtheria by the time the deficiency diseases appeared. The burning feet which reduced men to tears, the visual defects which prevented reading, the staggering gait due to defective balancing power of those who were able to get up at all, the emaciation of so many and the weight loss of all were known by all to be due to undernutrition. There seemed no escape from a steady deterioration and this, together with shortages of fuel and other supplies produced an atmosphere in the hospital not far short of gloom. A little improvement was just beginning to show as the high incidence of the infections decined when on St. Andrew's day 1942 Red Cross food parcels were delivered in the proportion of one per head of the 392 inhabitants of the hospital. As was usual with most Japanese actions we had no warning beforehand. Each parcel contained 12 tins of assorted foods, tea, sugar, soap and a bar of chocolate. All but 10 were, except for minor deficiencies, intact. Of the 10, eight showed more than minor deficiencies and these along with one intact parcel were issued to the nine members of the medical officers' mess who agreed to accept them. The defective parcels were shown to the Japanese interpreter without much hope, and true enough they were not made up. A month earlier a newly arrived interpreter had told me that Red Cross parcels were being delivered to Sham Shui Po P.O.W. camp but our expectations subsided as time went on and none arrived in the hospital. When our parcels did arrive

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

a more cheerful atmosphere became apparent; most people used the contents intelligently to make the basic diet more palatable while the thought that we were not forgotten did much to improve morale.

Six months later, in May 1943 a second consignment of parcels arrived. Some of our patients had already received a second parcel in Sham Shui Po and those who had done so were allotted one parcel between two men from our second allocation. All others in the hospital received one parcel each, but as before a number of parcels showed shortages.

On 1 September 1944, sixteen months later we received a splendid consignment of parcels from the Canadian Red Cross, enough to issue two to each person in hospital. A few parcels remained after this distribution and I took these into the store and used the tinned foods for general messing. As usual some parcels were incomplete though the wrappings were intact, and the shortages in this case and perhaps in others must have resulted from bad packing.

It was only three days later when on 4 September 1944 we received a further 144 Canadian parcels and issued two between five men. As before a few parcels not allocated in the foregoing way were broken up, the tinned food being used for general messing while such items as prunes, chocolate, raisins, biscuits etc. were added to bulk stores of similar nature received three days earlier and used to make 133 prizes which were raffled among 315 people.

No further individual parcels were received, and therefore each member of staff and each long-term patient received a total of just under 4½ parcels between 1942 and 1945, though patients admitted from Kowloon may have had a fraction more. In January 1943 the Red Cross organization in Hong Kong had started to send in bulk stores of food to us. These included tins of meat and vegetable, preserved meat, sardines, condensed milk, marmalade, jam, tomato catsup, syrup, Yershey's milk powder, shark liver oil, dripping, hen and duck eggs, barley, fresh limes, dried peas, soy beans, soy bean powder, soy sauce, peanut butter, peanut oil, Chinese and cube sugar, tea and cocoa. In January we had two intakes and further intakes were spread at irregular intervals, one in May, one each in June and July and two in October. In August 1943 Sergeant Seino told me that we could expect no further supplies but in 1944 we had two intakes in each month from March to August inclusive, one each

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

in September and December, and two each in October and November. In 1945 we had one intake in January, a tiny intake in February, one in March and two in June. I imagine that most of the tinned foods came from overseas. I learned later that two ship loads of allied Red Cross stores had reached Hong Kong during the war having been transhipped to Japanese vessels.

Effects of supplements upon the General Diet

In February 1943 I began to estimate and record the protein, fat and carbohydrate contents of the contributions from the three voluntary sources to the general diet. I started also to calculate the calorie values of our general diet, but the figures I arrived at were undoubtedly high partly due to the fact that I made no allowances for losses in preparation and cooking and partly due to assumptions I was forced to make when calculating the value of unknown varieties of flabby fish or lily roots or chrysanthemum leaves. I have not thought it worth while to burden readers with these calculations but making them occupied many hours of my time.

Feeding the Patients

I referred earlier to the problems of feeding patients suffering from acute infections and how these were tackled. In the case of the deficiency diseases some patients had turned against all food and went downhill in spite of everything that we could do for them. In these fatal cases the walls of the intestine had become as thin as a sheet of paper and were quite incapable of absorbing nourishment. Little that we could do therefore influenced the cases of these patients at all. Those among us who were able to eat a rice diet and who escaped major infections were indeed fortunate.

Our system of feeding patients suffering from deficiency diseases and those in whom the acute stage of infection was passing was quite simple. Anything in the food store was available for them in as great quantities as they could take, the aim being of course to arrest the declining state of nourishment and to reverse this as soon as possible. This policy was undoubtedly the right one and certainly preserved many lives. It had less obviously good results in those with defects of vision and certain other neurological damage.

Patients therefore had first call upon the extra food stuffs received from all sources. Reference to the tables showing food

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

received from Japanese sources, (Appendix A) will show that fresh milk was also received from time to time and this of course, as is noted was used practically wholly for the ill patients. It was only occasionally that a little was allowed to others in order to keep up their morale.

Feeding the Staff

I do not here include the officers who were members of the staff, for these received pay and could use what was left of this after contributions had been paid and friends supported to supplement their general messing though the extra thus obtained was very small. The problems with other staff can also be stated simply. These men's work was essential; deprived of it the hospital could not function. Some of this work was hard if intermittent e.g. carrying patient or stores, felling trees for timber; some was hard and regular like the work of the laundry squad, particularly during the dysentery outbreak; some was exacting and often provoking, like that of the nursing staff. On the other hand the lamentable conditions of acutely ill patients had to be rectified at all costs.

The principle adopted was that when a member of the staff began to show signs of early deficiency, as some were doing as early as August 1942, he was admitted to hospital when he had all the rights of patients to extra diets. In the case of staff members who had for example put in a heavy day felling trees or moving 100 kg sacks of rice, I made to each man a small extra issue, maybe an egg, maybe some peanut butter and so on. This was a token rather than a major contribution to their nourishment and was never resented by patients.

In the early days of the Hospital Central Fund in 1942 the executive committee on which officer patients were represented recognised the special position of the working staff and small, very small cash payments were made to these monthly from the Fund. At a later date, in 1943 staff were given working pay, again in very small amounts by the Japanese, but it was not till 6 March 1945 that the needs of working staff were recognised by a formal entitlement to extra general rations. We had long known that in the P.O.W. camps men employed on camp duties got increased rations, and we got the immediate example we required when in January 1945 a working party from Sham Shui Po was accommodated in Bowen Road while employed on preparing land in Happy Valley

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author ISSN 1991-7295

to grow vegetables. Their rice ration for example was 600 G. against our 480 G., but by constant working on the Japanese using this example to reinforce my arguments over the preceding year or two I got authority to raise our staff rations also to 600 G. of rice. By this time it was much easier for me to use special advocacy because fewer patients needed extra food and the raising of staff working rations created no resentment. Of course the size of the rice ration issued rarely reached the quantity authorised by the Japanese. The shortage arose because none of our supposed 100 kg. sacks of rice ever reached this level, due possibly to pilfering or to a slovenly method of filling the sacks. We always therefore had to limit our issues to the amounts we thought we could afford, taking into account the stocks we had in store and the expected date of the next delivery. In Kowloon in 1945 I authorised the issue of rice for cooking at the full rate permitted by the Japanese without regard to our stocks. By that time I felt myself to be in a stronger position with them but as a result we practically ran out of rice stocks, a state of affairs which alarmed the hospital and earned for the quartermaster and myself a slapping from our Japanese doctor. We did in fact receive further supplies before our cupboard was completely bare. By hammering away at the subject we were eventually in 1945 allowed to take on the 100 kg. rice sacks at 96 kgs., but deliveries, like those of other food stuffs continued to be made at intervals which were not always regular.

Deliveries of Japanese Rations.

The irregular deliveries of rations caused us much worry on many occasions, but I must say that when we were getting anxious our Japanese guards seemed also to be worried and we would have them coming up to our cookhouse to find out for themselves whether we had been given rations when they had not. Our greatest worry was about rice, for so long as we had rice we could at least assuage the worst pangs of hunger. The quality of the rice varied, though once the art of cooking it without the advantage of a fully equipped kitchen was mastered it was only occasionally that we had to put up with a soggy mess. The art of producing a dry rice in which the grains remain crisply separated is, contrary to what many so called experts say, quite a simple matter in a household kitchen, but in our conditions our cooks took some time to acquire this skill and they

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

had to endure many insulting references to their competence in the early days.

I have referred earlier to the poor quality of much of the vegetables, and much was soft and often rotten by the time we received them. A tuber or leaf had to be pretty obviously rotten before it was rejected for cooking, but even so the wastage was high. I have also commented earlier on the varieties of fish we received and the time that had obviously elapsed since it left the water.

We received some fresh meat from Japanese sources between April and July 1942. Between April and June 1942 we received some preserved meat and whale meat from the same sources. Thereafter meat disappeared from Japanese rations and reappeared only in May 1945.

Fuel for cooking caused us recurring anxieties. The hospital's stock of coal was exhausted early in 1942, though we did scrape up practically every grain of coal dust from the coal yard and made briquettes which helped for a time. Wood for fuel was, like the rations, delivered at irregular intervals and on many occasions in Bowen Road working parties of our staff went out under armed guard to fell trees on the hillside and bring in the wood. These forays seemed to be authorised by Sergeant Seino acting on his own authority, and he always seemed anxious that the operations of the working parties should not be observed by Japanese not connected with the hospital. All wood delivered had to be chopped into manageable logs, but the fresh wood from the hillside could often not be left to weather and this caused us the most serious difficulties in the kitchen. We employed men specially for chopping wood and the cooks had often to be on their jobs long before daylight to get fires started. Our meals were sometimes very late.

The Japanese did try to anticipate the shortage of flour and I think Seino was responsible for this. In August 1942 we were required to accumulate a stock of 100 bags of flour by 1 December. This showed very clearly that stocks in the Colony were running low, and we made many experiments using flour, atta, boiled rice and ground rice in varying proportions to try to get a product which would resemble bread and which would keep reasonably well. We did get more flour on 9 August 1943 quite unexpectedly and on 3 February 1944 we ate our last baking of bread in which a proportion of flour was used until 1945. When I refer here or in the food tables to bread as an article of food, the ingredients and the product

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

varied greatly at different times. In 1942 and 1943 we had much difficulty in maintaining a growth of yeast, but we produced a kind of hop barm made from cod liver oil and hops which produced with flour, bran and ground rice a bread which in our circumstances was passable. In 1945 bread and what we called rock buns were made from rice, bran and beans steamed in an old refrigerator converted for the purpose and suspended over a fire. To us the result was excellent.

Storing the food

We maintained a steward's store throughout in which food stocks were held under the care of the steward and an assistant who lived with their charge. I said earlier that the arrival of food stocks was a spectacle never missed by the observant eyes of staff and patients, and by the time the Red Cross bulk stores began to come in I judged it wise to publish lists showing the quantities and varieties of food in all intakes, and this was appreciated.

Cooking the food

This was a heavy and often thankless task. The cooking apparatus was improvised after the main hospital kitchen was destroyed by enemy action in 1941. It was often very hard to get a good fire burning; the early rice boilers were deep and whether because of this or as a result of inexperience, the rice produced was often stodgy and gooey. Shallow boilers were installed later, and the quality of the rice delivered to the consumer improved greatly. The worst times were in 1942 when the hospital was overcrowded, the infections were rampant and the deficiency diseases were appearing, and also in 1943 when a long period of undernutrition could be foreseen. The unfortunate cooks came in for much criticism which of course did not improve matters. In addition to cooking they were called upon to divide the cooked food into containers for messes and wards and this led to further recriminations I watched this situation with a great deal of care and I believe that we were fortunate to have men in these key positions who did not take advantage of their offices to get extra food for themselves, and who withstood apparently with only slight resentment much ill-informed and envious criticism. My natural faith in these men was all the stronger for the fact that the records of the body weights

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

of men employed on duties connected with the storage, preparation, cooking and distribution of food showed losses of the same order as those displayed by men employed on other work.

Distribution of food

Until our situation stabilised towards the end of 1944 on a ration strength of about 200 patients and staff, the method of distributing cooked food caused many difficulties. After our nursing sisters left the nursing orderlies in charge of wards carried on in the tradional manner, drawing the ward entitlement of food from the kitchen and serving the appropriate portion to each patient on a full diet. An even distribution was a skill which some of these young men did not readily acquire and there were endles complaints of maldistribution in wards. After food prepared for the meal had been issued from the kitchen none remained there from which to make up shortages. The first solution was to appoint in each ward a patient whose standing with his fellows was good, and he was given the duty of drawing and distributing the ward ration. This man was not required necessarily to have senior service rank. For example one was a Dutch naval petty officer, another was a well known member of the Hong Kong Volunteer Defence Corps, some were British and some Canadians. These men eventually came to exercise power and to maintain disipline in wards and they were of great value to medical officers in charge of wards, to the sergeant major and to me. Even this measure however, did not completely restore confidence and eventually wards and messing units drew their dry rice from the store according to the numbers in their messes into their own containers in which it was then cooked and served. This measure brought about a further improvement but it was not until the era of reduced numbers and of stability for the most part in health and improved rations that the problem was really overcome.

Officers on the staff had their own mess throughout. They were nine in number in Bowen Road, reduced however to six when we moved to Kowloon. In Bowen Road this mess had a tiny electric stove with two rings in a small adjacent annexe which in peace time had served the orderly medical officer when he was resident on duty. The mess was under the charge of a very efficient sergeant of the Royal Scots, Robert Lockie who had been wounded and had been

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

a patient of ours. He drew our rations from the store and cooked for us for a time, but I came to consider that the rest of the hospital could feel that the members of our mess were doing better than their fellows. Our rations had of course been weighed and issued by the steward and conformed exactly to the scales in general use. I suppose the mess did benefit in that the cooking was done for a small number and for that reason was less liable to the bad days that others experienced. Because of this advantage, I stopped all separate cooking for the staff officers' mess early on, and thereafter we drew cooked food from the kitichen like other messing units and in due course, also like them we drew our uncooked rice from the store and had it cooked in the main kitchen.

Another problem that beset us was the distribution of the small quantities of extras like peanut butter, syrup etc., received from our Hong Kong friends usually, or from the Red Cross. One method would have been to issue at once the total amount to which each member of the hospital population was entitled and then leave him to use his stock as he wished. I was drawn to this solution which would make every man responsible for using the extra delicacy as he wished, but in the end, up till 1945, we issued the total entitlement in small quantities daily over a number of days, each issue being enough to flavour the rice dish or a meal. The decision to issue these substances in small quantities was made in the early days when shortages were acute and deficiency diseases were to be seen on all sides. One aim was to avoid the acquisition by individuals of a stock they could not always guard and which would be a temptation for others to steal. The other aim was to make it as difficult as possible to sell any part of a patient's nourishment for cigarettes, which some did. This policy of small issues was not accepted by many without protest, but in the circumstances of the time I believe it was the right one. In Kowloon in 1945 in the easier times then prevailing we issued his total entitlement of such foods to each man in bulk.

We had a community rightly watchful over its interests, particularly its own nutrition, for there before its eyes existed evidence of the results of an inadequate diet. Occasionally the concern of individuals showed itself in a rancorous manner and from time to time, especially in the early days though remarkably infrequently, anonymous letters were slipped into my office drawing attention to alleged shortcomings on the part of members of the staff for whom

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

of course I was responsible. Only on one occasion was I accused of a misuse of stores myself. In a community the size of ours, in the disturbing atmosphere of the early year or two, I suppose I was lucky not to meet more accusations of my own shortcomings. Anonymous letters diminished and eventually disappeared as the policy of spreading responsibilities took shape and of course as conditions improved.

In this account I have given much space to the problems of general messing of patients and staff for this was the most important general matter which affected everybody. Ordinary complaints as to quantity and quality of food were openly and freely made and as speedily forgotten by most of our population. There were some, a few only, whose recurring complaints made life miserable at times for all those in the supply line.

Arrangements made by our friends in Hong Kong

Even now I do not know the whole story about the food supplies which arrived at the hospital as gifts from our friends in Hong Kong. I repeat here the hope that Sir Selwyn Selwyn-Clarke will find it possible to relate this in detail for it was he who originated the system. A short account of this remarkable man is necessary. He was Director of Medical Services in Hong Kong at the outbreak of war and was deeply committed to the welfare of Hong Kong Chinese citizens of all classes. He had reorganized the medical services in the Colony and had a formidable reputation as an advocate in any cause that he took up. He sought nothing for himself; he liked his own ways of doing things and often enough these did not commend themselves to others. Courage, pertinacity and not a little guile allowed him usually to carry the day. His wife and very young daughter were in Hong Kong with him, and were not evacuated to the Philippines and later to Australia with other service and civilian wives and families in July 1940. His view was that if the families of Chinese and other races for whom the Hong Kong government was responsible were not to be evacuated then his own family would also stay in the Colony. In this decision his wife backed him up fully.

Before the Far East war, following representations by the Japanese Foreign Office a Japanese doctor named Eguchi came to study on the spot the medical and health arrangements in the Colony. Colonel T. Eguchi next appeared as the Director of Me-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

dical Services of the Japanese Army of Occupation. Selwyn-Clarke represented to Eguchi that it was essential to take precautions to avoid outbreaks of epidemic diseases in the chaotic conditions following our surrender and he, with his wife and daughter and a handful of his staff, were spared internment for a while in order to organise the necessary work. Certain other categories of people, for example senior bankers, were likewise not interned at the beginning though the movements of all these men were always restricted within narrow limits. Selwn-Clarke's mind turned at once to ways in which he could help those who were in P.O.W. or Internment camps. He knew exactly what would happen and how health would suffer and he set about getting food and drugs to combat the infectious and deficiency diseases he saw to be inevitable.

I do not know how these relief operations were financed nor do I know many details. He visited the camps and though not allowed to see the prisoners he did get guides as to what was needed e.g., food, fuel, meat, cooking oil and at the same time he got the names of many prisoners. He had found out that the Japanese would allow entry to parcels of food etc. addressed to individuals but would not accept bulk supplies for delivery. He then recruited a number of women helpers; some of these had husbands, relatives or friends in the camps and hospital. Before hostilities Selwyn-Clarke was at all times completely absorbed in the task he had in hand. In a community where alcohol and tobacco were cheap and widely used he did not drink and he did not smoke and I think found it difficult to interest himself in the small talk usual in the kind of society in which Hong Kong took pleasure at that time. His wife was an electrifying woman, full of energy, vastly intelligent and widely informed, with great warmth, firmly held opinions and completely devoted to the welfare of the Chinese citizens of the Colony. She unfortunately has since died, but she always played a leading part in organising the parties delivering food to the hospital.

One of her main helpers was Miss Helen Ho. Miss Ho was arrested three times by the Japanese, the first being shortly after Selwyn-Clarke's own arrest. She was imprisoned once below the Supreme Court; another time she was confined in a house above Queen's Road, but being allowed to open a window for air she attracted the attention of a passing friend by flashing a reflected ray of sun in her eyes using a hand mirror. She then dropped a pre-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

viously prepared note addressed to her mother which was successfully picked up. Her mother and two of her sisters then got to work on the Kempeitai, the formidable and feared gendarmerie, sometimes called the 'thought police' and somehow secured her release. When Mrs. Selwyn-Clarke was eventually interned in 1943 the work went on and Helen Ho continued to bring supplies to our hospital until our release. We had the privilege of welcoming her in person in the Central British School in August 1945, and expressing our thanks to her for her work whose value it is almost impossible to overestimate. Miss Ho was awarded the O.B.E. and after the war qualified in England as an almoner, the medical social worker of today. My wife and I have maintained friendship with Helen and her family ever since and I have had the privilege of calling on the family in Hong Kong in 1964.

Selwyn-Clarke was arrested by the gendarmerie on 2 May 1943, and his wife was interned in Stanley. A civil medical man had escaped from internment in Hong Kong in 1942 and this may have impaired Selwyn-Clarke's position with the Japanese to some extent. However this may be, conditions became very hard in 1942 for his subordinates who were still working to improve the health conditions generally. When some of these had been reduced to burning their own furniture for fuel and had been forbidden to draw funds from their banks a number sought permission to leave the Colony and seek a life in Chinese mainland villages. Selwyn-Clarke had power to sign recommendations for permission to leave in the case of those who had served directly under him before and during hostilities. He suspected that one man severely wounded during the fighting, in whose case he had very slightly stretched the facts in his certificate because of his deep sympathy with his plight, was detected and stopped by the Japanese on his way to China. He was intensively questioned and eventually broke down and gave the answers his questioners wanted, answers relating to Selwyn-Clarke's alleged spying activities which were quite untrue. Selwyn-Clarke was an upright man who would never break his word even to the Japanese occupiers and he told me subsequently that in the case of the certificate he gave to the man he suspects was immediately responsible for his arrest, this was the only occasion in his life that he had ever compromised on a matter of principle. This I accept. It shows the kind of man he was. Besides this incident which fired the train of events leading to his arrest he had of course

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

always been under close surveillance as well by the gendarmerie. After his arrest in May, 1943, he was confined in the cells below the Supreme Court in conditions of the utmost squalor and was subjected to the intensive, unending, repetitive "interrogation" about his alleged spying activities which are lamentably so well known nowadays. One of the accusations was that in some way he was in touch with the British Embassy in Lisbon to which he was supposed to have reported information about Japanese activities. The charge was a capital one and the sentence of the trial court was death. To such a condition was he reduced that he told his captors to get on with the job and carry out the sentence. This they did not do, and he suspects that the deaths in prison of the Chief Manager of the Hong Kong and Shanghai Bank in circumstances in which ill-treatment and starvation were suspected made even the Japanese gendarmerie reluctant to offer Selwyn-Clarke as a third victim. Sixteen months later he was tried again, also upon a capital charge but due to some dealings of oriental subtlety by some of his friends in the Colony the sentence this time was three years in prison. In December 1944 he was transferred from Stanley prison to Ma Tau Wei Internment camp near Kai Tak airport and there he says he was alright. In August 1945, when we welcomed him to our hospital in the Central British School he was still physically in poor shape and he suffered permanent disabilities. His spirit, however, if it had once been bent, had by then recovered and as soon as he could after the Japanese surrender he returned to his office in Hong Kong to reestablish medical and health control and order in the Colony.

Before closing this section which has been devoted to the problems of feeding patients and staff in the hospital I am glad to refer to the Red Cross organization in Hong Kong during the war. Mr. R. Zindel, a Swiss citizen and thus a neutral, was in charge. He made formal inspections of the hospital about every six months accompanied by the Japanese Commander of P.O.W. camps. I shall refer later to these visits, but it was quite evident to me that Mr. Zindel was confined within strict limits by the Japanese during his inspections. He must, I feel sure, have met the same difficulties in his work outside the hospital, but I record here with gratitude our indebtedness to his tenacity, skill and resource in getting to us so many of the food stores which made such a very great difference to our wellbeing. I had the pleasure of meeting him also in Hong Kong during my visit in 1964.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

BODY WEIGHTS

Our doctors kept under observation staff and patients who were able to move about, to get warning of any deterioration in their condition. We weighed all staff and all up-patients once weekly, and I have voluminous records of the weight readings.

In every case the pattern was the same. Each man knew his peacetime weight and this always dropped when he went into camp as a prisoner. The amount of the fall was remarkably regular, in the region of 12.25% of the original weight. So long as a man remained relatively healthy his camp weight remained fairly steady, if anything falling a little. When disease supervened, a further fall occurred varying between 10% and 30% of his peacetime weight. Graphic records of the admission and discharge weights of successive intakes of patients between October 1942 and July 1944 were maintained. All of these graphs showed that patients recovered some of lost weight while they were in hospital and this varied from as little as 1% of the peacetime weight to over 10%. In one series of patients their weight on discharge from hospital was still 13.25% below the camp weight, and these figures show how very hard it was for a patient to regain weight lost as a result of an illness of any severity. The weights of staff followed a similar pattern.

The patients from whom these figures were taken were of course up-patients and did not include any of the living skeletons of whom we had so many, particularly in the early years.

Those who found it possible to take the rice and vegetable diet lost slightly more than 12% of their peacetime weight. Thereafter their weights remained fairly steady or showed a slow decline. It was not until 1945 that some began to regain a little of the weight they had lost, but even so the increase amounted to only a pound or two.

THE JAPANESE ADMINISTRATIVE STAFF AND GUARDS

I had never been in Japan nor had I met any of its people other than barbers for example. Incidentally, at one of the earliest visits by Japanese officers after our surrender, among those in uniform at the head of the procession was one of the wellknown Japanese barbers from the Hongkong Club. When I use Japanese proper

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

names in this account I shall spell them as they sounded to me. I was old enough to be aware of the fighting qualities of their troops in the Russo-Japanese war of 1904 and Japan was acclaimed as our ally in the First War. The reputation of the people for courtesy in their own country was high. The situation changed drastically in the nineteen thirties.

The conduct of their troops in Manchuria and in China, the truculence of their government and the xenophobia of their nationals in Japan itself gave the nation a sinister reputation, and those of us who had followed these developments had few illusions about what would happen to people conquered by their armies if war came. This reputation was entirely self-made. I never hated the Japanese as such though I came to distrust individual members of their army. I try here to record our dealings with those in charge in the British Military Hospital in Hong Kong. The name of our hospital changed from time to time. In April 1942 I was writing reports and requests from the British Military Hospital. By September 1942 our name had become "Dai Ichi Bun In, Kirishima Dori". By October 1943 we were "Dai Ichi Bun Ken Sho", but I don't know what our name was in Kowloon.

The commander of P.O.W. camps in Hong Kong was one Colonel Tokunaga, and our hospital came under his authority. He was a thick-set man of a little over average Japanese height. His age was not easy to guess but I judged him to be well over fifty and he gave me the impression of having been recalled to active service from the reserve. He was nicknamed 'the pig' by our troops. I do not know if he could speak English but I suspect that he understood our language a little. I never had experience of conversation with him, and on his inspections and visits he seemed utterly withdrawn from any human contact with staff or patients though his orders, transmitted to me after inspections, showed that he had been observant and had noted arrangements which he considered should be changed. These referred only to such matters as the lay-out of beds, notices in wards, conditions in the hospital grounds and so on. He never gave me orders at the time of his visits; these were transmitted later. When the representative of the Red Cross came, Tokunaga always preceded him wherever they went and he obviously dictated the route to be followed. I never knew him speak to a patient. Tokunaga seemed to me to be a Japanese officer of the old school showing by his demeanour the rigidity of his training. I

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

had no means of judging his intelligence. After the war Tokunaga was sentenced to be hanged by our War Crimes Court in Hong Kong in 1946, a sentence later commuted to life imprisonment and later still to 20 years in prison. I cannot speak for any of his actions as far as the P.O.W. camps were concerned, and I emphasise this. So far as our hospital was concerned I did not and do not consider that his conduct towards us merited a death sentence. Tokunaga, of course, was not a medical man.

A Japanese army doctor, Lieutenant Saito, was in immediate charge of the British Military Hospital throughout our captivity. He also had charge medically of the P.O.W. camps. He acquired an evil reputation among our troops in the camps, partly from what was reported to be his haphazard selection of patients to be sent to our hospital, a selection made from lists prepared by our own doctors when he often never saw the patients at all. In the hospital I fouud it impossible to establish any kind of durable understanding with him even on a professional plane. I never got to know the extent of his medical knowledge. When reports, oral or written, upon patients were made to him they seemed to be engulfed and to disappear leaving little or no trace. He must have paid some attention to some of the written reports for at times he required elucidation of a point that had been made. Between August and December 1942 Saito made few appearances in the hospital; a typical sudden incursion was at nine p.m. on 9 September. He then demanded to see all our blind patients, all who had suffered amputations and all over sixty years of age. This done he wanted to go on and see sixty-eight others whom we had previously listed as unfit for service, either permanently or for a substantial period of time. As the visit was unannounced we had not got the case sheets and X-rays ready, and he and I vied with each other in proclaiming our readiness to wait for these and go on as long as necessary. In the end we restarted at seven a.m. next day and took seventy minutes to see fifty-eight patients. I got no inkling as to his decisions.

On 13 October I had my next encounter with Saito when he came to see our diphtheria patients, including one who had received a transfusion of blood taken from a recovered diphtheria patient. In reply to my question he told me that the diphtheria situation in Sham Shui Po was better, the disease being less severe and presenting as one case every two-four days. This account was totally different from that given by patients we had admitted recently from

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

that camp. It was at this time that I first proposed that I should be allowed to visit P.O.W. camps in order to discuss the various medical problems with our doctors there and plan the best use of our hospital services for their patients. This suggestion, like so many others, provoked no apparent reaction and though I repeated it at frequent intervals I never got near a P.O.W. camp until I was moving to our new hospital in Kowloon in 1945. Major Harrison was allowed to make one visit to North Point Camp to consult with Canadian medical officers about some problems in which specialist advice was wanted. This was his only visit to a camp and none of our other doctors were ever allowed to visit either.

I had another passage with Saito following an air raid on Hong Kong in October of which I shall write later, but in these critical months in 1942 my approaches to him had to be made in writing or through his N.C.O., Sergeant Seino or the interpreter and any messages from him came back by the same route.

On 23 November Saito saw all officer patients and though he did not make a physical examination he marked five for discharge. We considered that two of these would improve by a further stay in hospital, though it was not vital for them to do so. The order for discharge however stood. On 21 December we had our second Red Cross inspection, the first during the period I was in charge but Saito did not appear in the suite. A day or two later however he demanded a report on our sufferers from pellagra asking for detailed information about skin, gastro-intestinal and nervous symptons and the details of treatment and on 16 January 1943 he came to see the patients. We demonstrated these including the eye cases. As our experience in these fields was small we asked his advice and he suggested giving 100 mgm. nicotinic acid by intramuscular injection daily for 10 days. As was his usual custom he would no wait to make a detailed inspection and cut his visit short. We delayed him on the stairs long enough for him to use the English words "B. complex" when speaking on the causal deficiency. With this exception he had spoken Japanese throughout and whether he had got the information in discussion eleswhere, it agreed with our view that the symptoms were not to be explained by a pure vitamin B 1 deficiency. In reply to my question he said that nicotinic acid and suitable diet were the important elements of treatment. He said also that yeast, easy to get before the war, was now hard to obtain. He promised to consult a colleague about

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

the eyes. He and I agreed that neither of us had ever seen a case of pellagra before.

On 22 January 1943, Saito came in again and was handed a copy of our pellagra report which he should have had already from Takeyama, our interpreter, the night before. He now said that in Sham Shui Po patients were being given 10 mgm nicotinic acid by injection daily, a figure which contrasted with his advice given less than a week earlier. This did nothing to increase my confidence in him as a physician.

A day later Saito came in again. We had heard that 1200 men had left P.O.W. camps by ship having been equipped with some warm clothing, a Red Cross parcel and 10 yen each and that they were accompanied by two British and one Canadian doctor. I tried but failed to extract any more information on this subject. Saito told me that Sham Shui Po then held 2000 men of whom 1000 were sick and twice he emphasised that he did not want our hospital to be used as a hotel by men who were fit for camp. I found this rather irksome coming so soon after the tragedies of the closing months of 1942. I acknowledged that we did have some patients who were apparently in good condition physically but who showed serious visual defects which were evident if any examination of them were to be carried out. I complained that the only information we received about an incoming draft of patients was the approximate number and the time they were expected to arrive and even this was not always reliable while the notice was always short. Because our space was limited the only way we could accommodate new patients was to discharge about the same number of our existing ones. It thus came about that I was asking medical officers for the names of patients best fitted to return to camp and whose progress was unlikely to be jeopardised by discharge, rather than those in whose fitness we had confidence. I said that I could not overrule a doctor's decision on the medical condition of a patient only to be told that the same applied in the Japanese army. I was a little surprised at this. My protest had no effect and on our side we continued making room for new patients by discharging the fittest among the old patients. In 1943 this policy was the only one possible. Eighteen months later we did have patients admitted from camp, chosen by Saito, who seemed to us to be in better shape than some that we had to discharge.

A Colonel Watanabe of the Japanese medical service visited us

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

unexpectedly on 26 January and saw three of our wards. I told him that by now every patient coming from Sham Shui Po had symptoms of some form of deficiency disease. I did not discover his standing as a physician but having seen three patients in one ward and two in another he left without making any comment. Still in 1943, on 29 January we were required to make a return of patients to the Japanese and this showed that we had 213 cases of deficiency diseases in hospital out of a total of 331 patients and the total included 62 war injuries. It is clear that about this time the Japanese were interested in the incidence of deficiency diseases among prisoners, and on 6 February Saito required a report on all such cases admitted from Sham Shui Po since the end of February 1942, that is during the preceding year. We were given certain headings under which to make the report and two of these referred to the effect of Apellagrin and of the diet we provided. We had later to enlarge this to give many more details about the cases of visual defects.

On 29 March Professor Uehara, said to come from the Imperial University, Tokyo, together with a colonel of the Japanese Army Medical Service, Saito and other medical officers visited the hospital without warning to see some patients suffering from pellagra. The professor seemed specially interested in the skin manifestations and I believe he attributed the visual defects to beri-beri though we had no discussion with him on clinical or therapeutic measures.

It is impossible for me to say what effect all these visits and reports had on our wellbeing. Certainly the Japanese rations continued as before, though no improvements were made. On the other hand it is just possible that the Red Cross bulk supplies to which I have referred earlier and which began about this time may have been a response to our predicament. This is a pure guess on my part.

Our Japanese were very keen on getting reports from us. For example on 27 January 1943 Takeyama, interpreter at the time, transmitted a demand for lists of hospital equipment held by patients e.g. boots, shoes, shirts, blankets, beds, mattresses etc. In March we were again required to bring up to date lists of our patients who were over the age of 60, blind or had suffered amputations.

On 28 May Saito having previously warned us, we were inspected by Lieutenant General Hamada Chief of the P.O.W. department, Tokyo. We had to display flowers, put white cloths on the tables

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

in the recreation room and put disinfectant in a bowl outside the Japanese office. The general spoke to nobody. Two months earlier, in March I had been ousted from my office in the front of the building and this pleasant room henceforward became the headquarter office of the Japanese within the hospital. I was surprised that they had not seized this earlier.

On 23 August 1943 the President of the Japanese Red Cross Society, Prince Shematsu, inspected the hospital. At all times the appearance of the hospital was good, but at this as at all inspections the Japanese laid great stress on having the recreation room looking specially well. In addition to white cloths on the tables and vases of flowers all the musical instruments and equipment for indoor games had to be laid out on display. As usual the inspecting officer had no parley with patients or staff.

I have records of only three occasions on which British doctors from P.O.W. camps were allowed to visit Bowen Road. Major Ashton Rose, Indian Medical Service, was the doctor accepted by the Japanese as being in administrative medical charge in Sham Shui Po camp. I believe he had considerable influence with them, in so far as any prisoner could have influence. On 5 March 1943 he visited the hospital bringing with him some patients for admission and came again on 23 March with an officer patient for specialist eye examination. On the second occasion he stayed to lunch, a phrase which of course indicates a higher degree of sophistication than in fact we deserved. It was however something for us to be able to entertain a guest at all. We learned from Ashton Rose that the general state of prisoners in Sham Shui Po was improving and that the men were fitter. On 13 May Captain Woodward, an Australian serving with the I.M.S., came over from Kowloon to have medical advice about himself and on this occasion Saito came too.

It seems curious now to look back upon such things, but up to March 1943 the bomb and shell damage to the hospital inflicted fifteen months earlier had gone substantially unrepaired. The top floors were badly damaged and as I reported earlier the kitchen in the middle section connecting the two blocks of wards was completely destroyed. Rain poured in at these places as well as at other damaged areas and the recreation room below the kitchen was unusable in wet weather. The fact that we did not carry out repairs earlier probably resulted from our preoccupation at that

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

time with very ill patients, with food and from uncertainty about our future. We seemed to be living from day to day. In March however, during an administrative inspection, Saito required us to repair the ward damage and also to remove the 'Mimi lau' concrete blocks with which we had protected the ground floor wards on the harbour side during hostilities. We took this as an indication that a move was not imminent. Our sappers, helped by some of our own R.A.M.C. men made an excellent job of the repairs and in due course the recreation room became usable again.

At this time our interpreter was Takeyama, an amiable buffoon on whom I spent some time trying, though without any success, to talk about war news. On 1 April 1943 he caught me for an April fool over visitors' parcels, and this is the only attempt I can recall at joking between the Japanese and me.

On 13 April 1943 the so called 'unfits' e.g., those over 60, the blind and those who had lost limbs were sent to camp. Numbers of our patients in the hospital with neurological disabilities were notable and pathetic sights about the hospital with their high-stepping gaits, seeking the support of walls to maintain their balance as they moved. Those with visual defects developed a characteristic carriage of the head as they tried to see round their blind spots.

About now we had a series of searches in the hospital and on 26 April all civilian clothing which was discovered was removed by the Japanese. This belonged to those of us whose peace time base had been in the hospital and who, on the departure of our wives had been allowed to store personal possessions in some of the vacated married quarters. These married quarters were thoroughly looted after our surrender, probably by Japanese. On one hasty stolen visit I paid soon after our surrender I found the storage rooms thigh deep in the possessions of the families of our men. Boxes had been broken open and the contents had been strewn about. I rescued a few of my own possessions but lost these again when the Japanese seized them later. When this civilian clothing was taken away I protested strongly and made great play with the fact that the Japanese had no right to remove the possessions of medical personnel and I handed in lists of all personal clothing known to have been removed. Of course they were never returned, and in August 1945 I learned of the eventual fate of these possessions.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

The Japanese appetite for reports continued to be insatiable and they sought to learn details about our hospital pre-war, praticularly as regards staffing, equipment, numbers in wards and so on. All of this information was in official publications which were already in Japanese hands. I suppose it allowed Saito to compare our standards with those of his own army. In July 1944 he took a photograph of the medical staff in Bowen Road and at another time he asked for certain text books on obstetrics and gynaecology which we lent him though we never got them back.

On 9 June 1945, in a long search of the hospital, he took away all our case sheets, operation books and admission and discharge books which had been carefully preserved and which served as the basis for the statistical and factual accounts of our experiences to be found in the Official History. Thereby he got rid of a mass of material which would have made sorry reading in the originals. I had of course already extracted all the information I wanted, and so the loss was not disastrous. I found it remarkable when on 28 August after the Japanese capitulation I demanded a written acknowledgement that these had been, as he said, burned that he signed this at once. I even took the trouble to get witnesses to his signature, one being our Major James Anderson and the other being Hasegawa who was Saito's interpreter at the time. On the same occasion he affirmed to me, also in writing, that all the civilian clothing he had taken from us in Bowen Road had been stored in Japanese headquarters and later stolen by the Chinese. At this time the British naval relieving force had not arrived, we had no arms and I was quite astonished at Saito's complaisance. I had expected a haughty refusal to acknowledge any responsibility.

Saito like Tokunaga was condemned to death by a War Crimes Court in Hong Kong in 1946. This sentence was later commuted to 20 years imprisonment and later still this was again reduced to fifteen years. When I try to form a judgement on Saito I do so solely upon our experiences with him in the hospital. I do not know if he was a career officer in the Japanese army, what we would call a regular officer. He was apparently deeply imbued with the mores of his army, he was usually short-tempered and irritable, and as I have said earlier I never established any relationship with him even professionally. He gave us that to which he or his commander considered we were entitled under the Geneva Convention so far as lay within his power, though he showed no tendency to do more

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

than he need. The improvement in his attitude to us in 1945 as the war drew to a close was significant. I never felt safe with him. His management of drafts of patients coming to our hospital from P.O.W. camps showed gross negligence particularly in the early year or so and I found it scandalous that he allowed a patient with acute and easily remediable intestinal obstruction to reach death's door in 1942 before allowing him to be sent to the hospital. How far blame should be laid on Saito and how far his commander, Tokunaga, should bear responsibility I do not know. I was then, and still remain, glad that we did not have to have Saito as our master if we had been losing the war.

I thought Sergeant Seino was the most intelligent of all the Japanese army administrators with whom we came in contact. It was he who was most closely concerned with our routine affairs. He retained his dignity and upheld his position, but he was a man who could be talked to though not easily swayed. He never let his army down, and he never slapped me though he did, I know administer a token slapping to one of our officer patients whom he had caught communicating on a family matter with the outside world through the medium of our parcels. I do not know what happened to him after the Japanese surrender, but so far as we were concerned he did his duty fairly and earned a degree of my respect.

Japanese officers and N.C.O's nearly always wore swords and always on duty wore what used to be called field boots in the British army in the First War and between the wars when they were worn by cavalry and gunner officers and by field officers in other regiments and corps. The Japanese used to skliff their feet along the ground thus making an important noise as they walked, well suited to the dignity of their wearers.

At first in 1942 the guards were drawn from Japanese units but later were Formosans (Taiwanese). The latter were of no great quality and were poorly clad and equipped, and some of their N.C.O's were pettily officious and often over ready to take offence. They wore ankle boots with canvas uppers and rubber soles and there was a separate compartment in the canvas for the big toe. It was often startling to meet them on a verandah in a blackout as they moved silently along with fixed bayonet and rifle at the trail. These guards interpreted their own orders in such matters as the amount of lighting allowed during blackouts and the time of our

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

lights-out and a host of minor matters. They sometimes slapped patients, both officers and other ranks, for what they considered to be breaches of orders. On our side the victims could only guess at the reasons for the slapping for no interpreter was ever to hand at the time. I took up every one of these cases with Saito or Seino as soon as either appeared after the incident, and I always tried to have the matter investigated. Repeatedly I was told that a sentry represented the Imperial Army and must inflict punishment at once for any irregularity on our part. I never discovered that there was anything personal in these slappings in the sense that they might be a retaliation for what, in the British army, we used to call dumb insolence. Some tempers on our side were sorely tried but no major incident occurred. I was never approached by any Japanese officer or N.C.O. for help over medical treatment.

Only once did an opportunity occur to retaliate. Late in 1945 in the Central British School in Kowloon we had an officious guard sergeant who was nicknamed 'Slappy' because of his readiness to slap all and sundry for what he thought were offences. About the time of the Japanese surrender, but well before the guards were withdrawn, this man was waylaid by some of our sappers who had suffered themselves and who wanted to repay him on their own and their friends' behalf. I was told that they were very satisfied with the result and there were no repercussions.

TRADING

The Japanese allowed us to have a shop within the hospital. We had to buy stocks from a Hong Kong Chinese compradore, a term which will be familiar to all who have been in the Far East, and we then sold the goods within the hospital. For a very long time we were not allowed to make a profit, and it was not until a year or two after our surrender that I got permission to make five per cent and use the proceeds within precisely defined limits. The shop stocked goods likely to be desired, mainly cigarettes, matches, syrup, jams, salt, eggs on occasion, tomato sauce, beans, cigarette papers, sugar, sewing cottons and needles, ginger, laces, soy bean powder, soap, razor blades etc. We placed an order one week and such goods as were available were delivered the following week.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

The Hospital Funds were the main customers, and provided much needed extras for general and for individual consumption. Cigarettes were in great demand and came in various brands. Occasionally what we called Chinese cigarette tobacco was available and when burned this emitted a foul smell making its users extremely unpopular with their neighbours. I had stopped smoking myself many years before the war, so I suffered no deprivation but many men, particularly Canadian soldiers curiously enough, felt the lack of tobacco greatly. Earlier in this account I said that some patients in the early months of my charge were exchanging food issued to them for treatment purposes for cigarettes. We took a strong line on this and the practice soon ended. Another time a soldier received a large number of cigarettes in a parcel from home, though how this got through I do not know. He started to sell some at a level of profit which would have excited envy in most black markets. The business attained the proportions of a scandal in our small community and I confiscated the greater part of his remaining stock and distributed these free to all except officers in the hospital. This met with approval by our population rather than disapproval of the high handed action, which in fact it was. When funds allowed we bought cigarettes as a general issue for all except officers in the hospital, non-smokers getting a cash allowance instead. In the shop at a later date we set prices to yield small profits though such commonly sought articles as cheap cigarettes were often sold at cost and gradually we built up a fund of some hundreds of yen. I had the greatest difficulty in getting permission from the Japanese to use this money; they kept a close watch on the store to make sure that unauthorised goods or messages did not come in. Eventually in August 1944 they agreed to refer to their headquarters my request to use our profit. Headquarters then wanted us to buy musical instruments and other goods of this kind. I feel sure that the reason was that these articles could be displayed in our recreation room and provide readily visible evidence to inspecting officers as to Japanese solicitude for patients in the hospital. In the end, though specific permission was never actually given, we began to use this profit to add to our diet. Like many other of our practices this started in a small way and grew to sizeable proportions.

The range of goods in the shop was astonishingly large early on. In February 1943 when my records of prices start, 58 items were on sale and ranged from corned beef at m.y. 2.40 per tin to cotton

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

singlets at 0.50 each. Salt then cost m.y. 1.20 per pound and sugar 1.00 per pound. Many items however were quite useless to us because no one would spend money on them under our conditions. For example there were pipe cleaners, mosquito coils, leads for eversharp pencils, mirrors, after shave lotion etc., and these obviously came from peacetime stocks which the compradore could not sell anywhere else. As time went on the stock lists grew shorter and the prices higher. In January 1944 Taikoo treacle cost m.y. 10.00 a tin and syrup 10.80 a tin (two months later syrup cost 19.20 a tin). In March 1944 corned mutton was m.y. 9.00 a tin. In January 1945 syrup cost 85.90 a tin and by July 1945 the price had risen to m.y. 528.00. These figures indicate the collapse of the military currency introduced by the Japanese during their occupation.

The account I have just given might be described as lawful trading. Trading between Japanese guards and hospital staff and patients was forbidden by the Japanese, but as I have already described our guards were not notably well nourished and their clothing was poor in quality. They also were interested in trading, and a brisk business sprang up between those on our side who had goods to spare and guards who wanted goods to sell in the market outside. I knew all about this though not usually about detailed transactions and I judged it to be no concern of mine to interfere. I had however to intervene when hospital inmates began to sell hospital property in the form of sheets, blankets, towels etc. Our stocks of such items as these could not be replaced and as we needed what we had I forbade the sale of hospital property of all kinds. I would not care to assert that no further transactions of this kind took place, but the danger of running out of equipment receded.

Ready marketability provided a great temptation to thieving among our people. At the beginning of my charge when thefts occurred we carried out searches, but these were never rewarded since a theft would always be so timed that stolen articles could be passed at once to a sentry and so beyond our jurisdiction. On one occasion the theft of a small suitcase became known to the Japanese by some means unknown to me, for I adhered strictly to the principle of never asking the Japanese to play any part in our internal affairs. This time there was a great to-do and I was ordered to produce the culprit. I never found out who this was but even

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

if I had known I would not have named him to the Japanese. They carried out their own searches and interrogations, accompanied by tying up to water pipes or other suitable tethering posts those they wanted to interview. All were well slapped but the thief was never discovered. Two of our orderlies and one R.A.M.C. man were removed to P.O.W. camp though.

On another note, soon after I took charge an electric bulb was stolen from the perimeter lighting system, no doubt by one of our people who needed one. The elementary error was made of not replacing the filched good bulb with a worn-out one. This was a useful lesson to me personally from which I profited, but on the occasion of which I am writing I was summoned and formally told that while a bulb was a small matter stealing it was an insult to the Imperial Army and I was warned that if I wanted trouble I could be sure of getting it by allowing such offences.

The best story about trading, a true one, concerned a patient who was negotiating a deal with a sentry. Much experience had shown that some sentries were less governed by strong principles of honesty in business dealings than others, and often enough no confidence whatsoever was shown between the parties concerned. On this occasion the sentry wanted to take the article away for valuing before making an offer, but our patient was not prepared to allow this. Eventually a compromise was reached and the sentry left his loaded rifle with the patient as a surety while he took the article away for valuation. The patient kept the rifle in his bed and in due course the sentry returned and a bargain was struck.

In the earlier days a number of sentries came to our nursing orderlies suffering from venereal disease being for some reason reluctant to report sick with such a complaint to their own people. They knew the value of the sulpha drugs and they knew that we possessed some of these. At first I was tempted to allow our men to treat them in the hope that we might thereby enjoy some advantages, in the form at least of their forbearance to be unduly zealous in their dealings with us. I soon came to see that we were likely to gain nothing from this practice and set my face firmly against it. Our small stocks of sulpha drugs were so extremely valuable to us that I myself controlled their issue to wards, a special case having to be made to me on each occasion by the doctor in charge. I would not however assert that some of our men did not supply

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

advice or even treatment of a sort, no doubt for certain small advantages, though I have no proof at all that this was so.

SUPPLIES OF DRUGS AND DRESSINGS

At the time of our surrender our hospital was well stocked with drugs and dressing. Except for very small quantities in categories which we could well afford to spare, the Japanese did not confiscate or ask for any of our stocks. In the parcels we received from our friends in Hong Kong from time to time were included small amounts of special drugs and preparations which were extremely valuable to us in treating patients.

My record of the supply by the Japanese of anti-diphtheritic serum given in a previous section is accurate. At various times during the three full years of my charge, small quantities of drugs and dressings were supplied by the Japanese. Unfortunately I have no records now on this subject, but my memory is clear that deliveries were irregular, quantities were so small as almost to be negligible, and such drugs as arrived were non-specific in their actions. Earlier I recorded in this account the measures taken to make sure that drugs with specific action, for example the sulpha drugs, were issued only in the cases where they could be expected to turn the scales in the favour of a sick patient. Through such careful conservation, aided by luck we reached the date of our release with small stocks of essential specific drugs in hand and diminishing quantities of dressings still available, though I would not have wanted to have had to hold out much longer. I must not be understood to be saying here that we had all that we needed in the way of drugs and dressings. This was far from being the case.

We were expressly forbidden to send drugs to the P.O.W. camps, and the only possible reason that I can think of for this must have been Japanese unwillingness to admit that the camps required any thing more than they themselves thought fit to provide. The prohibition fitted in with their persistent refusal to allow me, or the other doctors in Bowen Road, to consult with the doctors in the P.O.W. camps regarding the allocation of our resources and methods of collaboration between hospital and camps in the medical management and treatment of the diseases which beset us. We did get some drugs into camps carried by volunteer patients whom we were discharging from hospital, but the amounts were never large and

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

we knew that men were searched by guards on arrival in camps, drugs being confiscated. I do not remember however hearing of any serious punishment being inflicted on men discovered to be carrying drugs.

On 29 July 1945 Saito handed over five cases each marked case 111, of medical supplies from the American Red Cross. These contained cresol, dextrose in saline, saline, capsules of vitamins A and B, distilled water and dried human plasma. I don't know how he got these but they were sophisticated packs of a type quite new to us.

ENTERTAINMENTS

Some entertainment in the form of sing-songs was provided in the seven months after our surrender on occasions when the recreation room was not flooded. At this time few of our patients were fit to go to the recreation room, but we were luckly in another direction. Corporal Carter of the Royal Signals had been wounded, and as he recovered a proposal was made that the wards might be wired and provided with loud speakers to receive a programme of gramophone music coming from a station within the hospital. I was fully occupied as a surgeon at this time and I do not know who conceived the idea. The necessary work was done, though, and the Japanese agreed to allow two periods of music each day. The operation room for this venture was a bunk occupied by Corporal Carter who soon extended his activities. These sessions were very valuable in distracting patients' attention in 1942 and 1943 from the grim realities of wounds, sickness and undernourishment. Carter, an enterprising extrovert, not overburdened with nerves soon contrived to listen to news broadcasts from British sources. He was joined by one or two others, equally bold but perhaps a little more careful, and soon we were having daily bulletins of the contents of British news broadcasts. When I took charge of the hospital these came to me and were made known by word of mouth to patients and staff. I do not now recall that any major news came by this route. The items related to the same events as we read or had deduced from the local newspaper, but of course were put out with the emphasis on our side. Carter was also asked by the Japanese to repair their wireless set on several occasions and did so. He thus had the pleasure of listening to British broadcasts inside Japanese quarters. In his own bunk where he received the

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

news he had a switch to allow him to broadcast his musical records to patients during the permitted hours. Usually he was careful, but one day when I was visiting a ward I was startled to hear on the ward loud speaker a part of a British bulletin on events on the Russian front. A speeding messenger to his bunk got this stopped and the Japanese showed no awareness of what had happened.

I have often asked myself why I ran this risk. While I was then, and remain now, pretty sure that our own Japanese authorities sought for their own sake if not for ours, to keep all disciplinary problems in the hospital within their own hands and not report any of these to the Kempeitai or gendarmerie they would hardly have dared to suppress evidence of wireless communication between us and the outside world. No explanation by us that this was a simple and harmless gathering of news would have been accepted. Inevitably we would have been accused of operating a transmitter to broadcast to our side information about Japanese military matters. I, as head of the hospital, would have suffered the fate which overtook certain British officer prisoners in Kowloon who had been in communication with mainland China and who were executed after suffering so much that it was reported that they were unable to walk to the place of execution. I knew the risks perfectly well and yet for a long time I did not stir. I think now that I did not realise that we were getting a broad picture of the way the war was developing from the local paper though the emphasis here of course was on Japanese successes. I suppose I always hoped for some news of special significance to us. Certainly the hospital looked forward to the news and I was unwilling at that time to do anything to interrupt the flow. And so our news bulletins from British sources continued to come in for a very long time. Eventually a decision was forced from me when certain officer patients represented to me that if found out it would not be only me who would suffer. The whole hospital could easily be closed down and certainly the privileges we enjoyed would be withdrawn. This argument was presented to me formally and I recognised the force of it and ordered the dismantling and destruction of the wireless receiving set. I did not supervise this personally; it was certainly dismantled but it was whispered that it had been reassembled elsewhere in the hospital and that it continued to be operated. If this was so my ignorance of its existence would not have saved me had it been discovered, but the story may well have been one of the rumours on all subjects

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

which swept through the hospital from time to time. If any instrument did survive it was not taken to Kowloon when the hospital moved there in March 1945. Placed in a similar position in a hospital today I would never run such a risk again.

The foregoing account shows a remarkable naivete on my part. The guilelessness of some of our men was quite as remarkable. I recall examining the diary of a soldier who died in Bowen Road before handing his belonging over to someone authorised to receive them. The diary had many reference to world events which had clearly been obtained by wireless. I thought it wise to destroy these references at once, for if discovered they would have led directly back to an illicit receiver as the source which I judged to have been sited in a P.O.W. camp.

The Japanese allowed us to receive and read copies of an English language paper called the *Hongkong News,* which was published in the Colony. My notes show that we began to receive three or four copies of this paper daily from October 1942. I circulated these copies to each ward in the hospital and to all staff, but I am sorry I did not preserve any in my own records. The news in the paper was I recall quite accurate in describing places where events of importance in the war were taking place. I cannot say whether all events were recorded in this fashion. The treatment of the stories in the paper was, of course, wholly from the Japanese angle and the result was to create in us prisoners a mounting sense of the victories they were achieving. We could and did discount many of the stories and we had in the hospital a number of school-type atlases which were never taken away from us, and from the place names we could at least trace where events were taking place in the war as they happened. At first this local paper was issued to us free, and from time to time supplies were stopped when it was not difficult to deduce that the issues that had been withheld contained news unfavourable to the Japanese.

AUGUST — DECEMBER 1942

These five months were for the hospital the worst period of our imprisonment. On 1 August 1942 there were 245 patients attended by twelve officers on the staff, not all of whom were medical, sixty-five other ranks including six Royal Engineers plus one civil engineer, seventeen nursing sisters Q.A.I.N.M.S. and Canadian

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

service, thirty-two women members of the Nursing Detachment of the Hong Kong Volunteer Defence Corps and two women nursing auxiliaries. By December 31 we had 341 patients, slightly over half of whom were Canadians, attended by six medical officers including myself, one dental officer, one Church of England chaplain, one quartermaster R.A.M.C., 81 other ranks including seven engineers and nine Canadian combatant soldiers who served as orderlies. In these five months we admitted 546 patients of whom 42 died, 31 of these were Canadians.

Up to about 19 December 1941 we had buried our dead in Happy Valley, but when this site became unapproachable we used large bomb and shell craters close to Bowen Road immediately below the hospital to form common graves. When this site was full we prepared another cemetery by the main gate of the hospital. In August 1942 we had to prepare a new cemetery within our wired perimeter on the bank to the north of the hospital and between the hospital and Bowen Road. We had, of course, no coffins and at first we used sheets as shrouds. The mounting number of deaths compelled us to substitute well-worn blankets as shrouds and this practice continued up to the end of 1942. Our funerals were dignified affairs and I attended in every case. We usually had a few patients and staff as well and at first, remarkably enough, the Japanese were always represented by Sergeant Seino or others and they came bearing wreaths and sheaves of beautiful flowers. They did not keep up this practice very long and I think they had ceased to attend well before we had buried the last of our 42 men before the end of the year. Funeral parties were always guarded.

In August 1942 we began to give thiamine by injection regularly to staff while all in hospital received yeast drinks. Each member of the staff received two yen from the Central Hospital Fund and I was given a copy of the Japanese "Rules for P.O.W. Camps", and I was told that though these were not wholly applicable to a hospital, we were required to conform to the rules in a general sense. I have no idea now what these rules were, but I do know that they did not introduce any new feature into our daily life.

About this time all in the hospital were required to complete a form showing their previous experience especially as car drivers, members of the medical profession, those experienced in manufacturing processes and mining, communications experts, agriculture etc. One splendid question was "In what occupation you want to

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

serve for Japan?". We either left this particular question unanswered or replied that we were unwilling to serve for Japan. One young man who had put down roots in Hong Kong before the Far East war, in answer to this question gave a detailed account of his qualifications which were substantial. As the replies passed through my office I saw his answer and persuaded him to leave this question blank in a new form which I gave him and I left him to tear up his own original completed form.

Each month all in hospital received what we called necessities. The items varied but as a rule there were a couple of cakes of coarse soap, an envelope of tooth powder a packet of toilet paper and a fandoshi. This last looked like a triangular bandage and was tied round the waist, the point being passed back between the legs to be secured to the waistband behind, thus preserving the decencies. From time to time there would be an undervest or stockings or a tooth brush. In September 1942 we were able to restart our gramophone concerts broadcast to the wards during permitted hours after a stoppage which had lasted for several weeks. Also in September we equipped and opened a barber's shop served by men who could shave those unable to do so themselves. Thereafter growing beards, an affectation much in favour soon after our surrender, but already dying out, was forbidden! Ten Canadian combatant soldiers who volunteered for the job came to us as orderlies. Two wounded Chinese members of the H.K.V.D.C. whom we had been caring for were removed by the Japanese. By this time they were reasonably fit to leave and we were told that they would be released in the town. I only hope this was so.

In October 43 all our staff received ten yen each from the Red Cross Society and we began to receive three or four copies daily of the *Hongkong News* free. We were also given twelve X-ray films, and having previously been given glass for windows but having no putty we eventually obtained a supply of thin wire which our sappers made into nails and re-glassing broken windows began.

On the afternoon of 26 October a single American plane flew low over the harbour and rose steeply to the north to disappear over the Kowloon hills. There were further raids during the nights of 27 and 28 October. No bombs were dropped, but thereafter I thought it wise not to remove the 'Mimi Lau' concrete blocks protecting the ground floor wards on the harbour side. At this time we had beds on every verandah in the hospital in order to gain as

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

much space as possible. The raiding plane on 26 October had therefore been seen by many of our population in the hospital. The sequel came on 3 November when, in the middle of afternoon, all up-patients and all staff were ordered to parade on the tennis court. Sentries had been posted overlooking the court and Lieutenant Saito and Mr. Hasegawa, an interpreter from Japanese Headquarters, were present. Two days earlier Sgt. Seino had told Major Charles Boxer that the Japanese navy had reported to the Japanese army that our men had been seen on the hospital verandahs during air raids. The intense rivalry between the two services was well known, and after Boxer's warning I saw to it that all staff and patients were ordered to keep off verandahs during air raids. The precaution came too late, however, and at the tennis court parade Saito made a speech interpreted by Hasegawa to the effect that many people in the hospital had laughed at and criticised the Japanese Military Authorities during and after the air raid. All on parade who had not laughed or criticised were ordered to hold up their hands and all did so. Hasegawa then said he did not believe this and I was called further forward from the head of the parade and asked if I knew who had laughed or criticised. On replying that I did not know I was dealt a buffet on each side of the face by Saito. His fist was not clenched but he was quite a powerful man and my cap was knocked askew and the inside of my cheek was cut though I suffered no real injury. Boxer was then called forward and asked why he had not signed an undertaking not to escape about which I shall have something to say later. Boxer replied that a Japanese officer would not have signed such a document and he then received two blows on the face from Saito. The parade was then dismissed and Saito went to No. 3 ward at the top of the building where up-patients were paraded on the verandah. These were mainly men recovering from diphtheria and any who had been on verandahs during raids were ordered to stand forward. When none did all were slapped. A new interpreter to the hospital, Takeyama, had just taken over and the latter told me formally that any further complaints of this nature would be followed by the closing of the hospital. We therefore arranged that verandahs on the harbour side would be policed by us during raids and that no one would even go on the verandah on the harbour side to get to lower floors where shelter was better. Shortly afterwards, on Japanese orders all beds were removed from verandahs on the harbour side of the

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

hospital. As a result our wards were crowded to a greater extent than ever before.

Earlier all in hospital were required to sign a statement undertaking not to escape. Few of us, patients or staff, felt any compunction about signing such a document under duress and only two officer patients refused their signatures. Early in November, Colonal Tokunaga, no less, came himself and saw both officers. One thereupon signed while the other was removed and kept overnight in a small cupboard-like room in a building in Kowloon. I understood that he was not ill treated, and it was explained to him that our British General Officer Commanding had ordered officers to sign. He then signed and was returned as a patient to our hospital.

Most of our patients had lost all their kit and many did not possess even a drinking mug at this time. They were using tins which had contained tinned food, but the rims of these tins were jagged and caused much pain especially to patients whose lips and tongue were raw from deficiency diseases. Our engineers set to work and fitted empty tins with handles and smoothed out the rims and acceptable drinking mugs were soon issued to all patients. The engineers also turned out badly needed fly-swatters in large numbers.

In November we received 198 books from the Red Cross for our library, and in December another 400 library books arrived. Also in December a number of musical instruments, indoor games, packs of cards etc. were received through the Red Cross from the Pope. In November we had a stock of 270 gramophone records and these were listed and we were even able to provide requested programmes of music. From time to time we received a number of copies of the Japan produced English language *Japan Times* in one of which an indignant account was given of the torpedoing by an American submarine of the "Lisbon Maru" which was carrying British prisoners to Japan. In this disaster when the torpedo struck, many of our men were battened down in the holds and prevented from trying to save themselves. Some were fired upon while swimming. The Japanese indignation should properly have been directed against the guards.

Normally we had two check parades daily, one about eight a.m. and the other about five p.m. and about once a month on average

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

we had sudden night checks which would be carried out about midnight or one a.m.

One of the most disagreeable tasks in the hospital was that of the washing squad. We had to have a system of washing bed linen for those unfit to wash their own sheets. Most of the work was carried out on badly stained sheets which had come from the dysentery wards and which had to be washed in cold water. The four men under Corporal R. Thompson R.A.M.C. who did this work deserve unstinted praise, but it was not until December that I was able to buy a pair of rubber boots for the washing squad.

In the same month Seino gave me 25 grammes of nicotinic acid and all Canadians received ten yen each from home.

Patients and staff decorated the wards at Christmas time and it was remarkable what a gay effect was produced by the bright colours of a few empty cigarette packets. We had a little extra for Christmas dinner carefully hoarded for many weeks beforehand. We even had a concert on Hogmanay but I was glad to reach the end of 1942.

1943

Thirty years after the event it is possible to look back and see that 1943 was the turning point for the better in the affairs of the hospital and its inmates. It was less easy to discern this at the time.

We had known of the naval battles of the Coral Sea in May and Midway in June 1942. They were fought over four thousand miles from Hong Kong and seemed remote to us. The Japanese accounts claimed them as decisive victories, and it was not till the history of the campaigns became available long after the war that I saw these battles clearly as having imposed the first check on the Japanese advance in the Pacific. It would have been immensely encouraging to have known this at the time.

In 1943 we knew of the Russian successful defence of Stalingrad, we knew of the victory in North Africa, the invasion of Sicily and the fall of Mussolini. The placenames on the Russian front showed how that terrible campaign was going. We knew of the island battles in the Pacific; we knew of Guadalcanal; but all the Far East news published in the *Hongkong News* was presented to show the huge losses inflicted on the Americans by the Japanese defenders of positions which in the end remained safely in their hands. The impression conveyed was one of enormous American losses from

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

attacks on defences which were hardly dented. The areas in which fighting was taking place were still thousands of miles away from us and the newspaper constantly asked the subtle question as to whether the American losses were worth incurring.

In the hospital 1943 was a drab year for us; the number of patients dropped from 341 on 1 January to 234 on 31 December. Drafts of patients for admission from P.O.W. camps came on ten out of the twelve months and on each occasion patients were discharged. The conditon of incoming patients showed a distinct improvement as the year went on though many patients and staff had an additional affliction to endure, that of intestinal worms. Suspicion fell upon a number of food items including vegetables and Chinese brown sugar as the vehicle of infection, but we never established that any one substance was the culprit.

On three separate occasions I was handed sums of military yen by the Japanese in cash, the donors being the Red Cross Societies. One such gift came from the Canadian Society and was marked for Canadian troops only and was so distributed. Apart from this all other gifts had no limitations placed upon them. On each occasion the available cash was divided and paid equally to all except commissioned officers. Each man thus received 40 yen over the year while Canadians had an extra 30 yen, and in all cases I gained a few yen for my Commanding Officer's Fund from small surpluses. The Central Hospital Fund also benefited from money contributed by officer prisoners in camp in Kowloon which was transmitted to us by the Japanese. The signatures of some patients on the receipt sheets were indecipherable scrawls, because they were quite unable to coordinate their movements.

Thirty patients died during the year, and by the end of October 104 of our men were buried in cemeteries in and around the hospital. In April we were given a tin of black paint by the Japanese at our request to allow us to paint the names of he dead on the very well made wooden crosses constructed by us to mark their graves. In December a Japanese interpreter appeared saying that it was his job to see to it that graves were properly prepared and marked and that plans of these existed. I was very proud of the work that our men put in, and the graves of those who had died were properly prepared, identified and maintained. Usually each grave held only one body; occasionally two shared a grave, and on one occasion three men were buried together when they had died

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

on the same day. Our funerals remained dignified affairs and Mr. Squires usually carried out the appropriate services, though not infrequently a committal service was read by a co-religionist of the deceased. By January 1943, Mr. Campbell our quartermaster expressed anxiety about the number of blankets being lost as shrouds. His concern was justified and thenceforward sacking was used for this purpose. All deaths were reported formally to the Japanese. I do know that on at least two occasions deaths which occurred in the hospital had not been reported by them to relatives in Stanley or in Hong Kong itself for many months. I do not know whether notification of any of our deaths was made through the Red Cross and eventually reported to the relatives at home. Most men who died, indeed most patients, had few personal possessions. In the case of those who died any useful article of clothing, boots etc. was given by us to others in need. Usually the dead man had a personal friend in the hospital to whom I usually entrusted such articles as photographs, an occasional ring and so on.

Early in the year our sappers, aided by some R.A.M.C. men, set to work to repair structural damage to the hospital the result of enemy action during hostilities. Roofs were re-tiled, holes in walls were closed, the walls of the recreation room were colour washed and other walls whitewashed. The Hospital Fund paid for the whitewash. The Japanese encouraged us in these enterprises and even brought in some Chinese workmen to plaster the roof of the recreation room and paint the walls. The weather-proofing of wards and recreation room, the replacement of glass in broken windows and some redecoration brought about a change for the better in our conditions. During May we had 8.9 inches of rain but the repairs had been well done and we remained reasonably dry. By these improvements the Japanese could provide more evidence to their inspecting officers and to the Red Cross of their efforts to provide suitable surroundings for sick and wounded prisoners of war. In our turn, we who profited directly by these works began to have a little more confidence in our future as a hospital, though I think many of us, like myself, retained an awareness of the Japanese capacity to change by a sudden decision what had seemed to be a firm policy.

Mail, in the form of cards in which the number of words allowed was limited to about 25 I think, came to us through Japanese sources at irregular intervals throughout 1943. A few for example

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

arrived in January dated from the United Kingdom in July 1942, though the first card I received from my wife arrived in April 1943. In return, officers were allowed to write one card each month of 50 words to the United Kingdom and 25 to other destinations. The frequency allowed was less in the case of other ranks but all cards had to be collected in my office and handed over by me. Naturally I paid no attention to any limitation on the ration allowed and I handed over all that I received. Our people were very cynical about the chances of our cards ever getting to their destinations though some undoubtedly did so. I have no idea what proportion of cards ever arrived home.

In July I published to the hospital a Japanese offer for 20 persons each month to prepare messages to relatives to be broadcast. Of 29 people who asked to use this opportunity, 20 eventually wrote out the messages they wanted sent. A month later 13 persons including one officer had messages accepted but I never found out if any message was in fact transmitted. I still have the original yellow poor quality sheet of paper on which the Japanese conditions as regards the offer were set out by them, and it reads as follows:—

Qualification in Broadcasting

1. American—Canadian—Australian
2. Faithful in task—High Officer and Prominent Man.
3. Your self-condition Health only and
   Most worry on very important thing you want to know.
4. 20 Persons monthly.

Most people in hospital were reluctant to belive that messages of this kind would ever be despatched.

Early in 1943 we were required to place a card in a holder on each bed giving the name of the occupant, and a descriptive notice in Japanese was placed at the entrance to each ward. About this time, too, the Japanese put pressure on me to remove the concrete baffle walls protecting the ground floor wards on the harbour side, and we complied with their orders though we made the removal process a prolonged one. We thought that these protective walls might be as useful in protecting us against American bombs as they had been against Japanese attacks. In fact we suffered no real ill-effects from their removal, but all these moves fitted in with my conception of a general Japanese plan to make the hospital a show-piece for visitors.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

In 1942 members of the hospital staff were given small, very small gifts of military yen from the Central Hospital Fund. In April 1943 the Japanese announced their intention to pay working staff and to do so from one year earlier. In the event by June, 7 of our engineers, 4 cooks, 2 bakers and 3 working patients received pay for April 1943 at rates of 20 sen daily for a warrant officer, 15 sen for a N.C.O. and 10 for a private. Receipts were authenticated by thumb prints. Every officer had had 60 yen deducted monthly by the Japanese from his pay to cover the cost of his messing, but by the end of September the deduction was reduced to 30 yen and for junior officers to 27 yen. By October the Central Fund was paying 5 yen a month to 6 N.C.O.'s in charge of wards and to the librarian as well to other staff. In November a new deduction was made by the Japanese from officers' pay. The additional deductions were 60 yen from a Lieutenant colonel, 40 from a major and 20 from a captain with the stated aim of accumulating savings for the future on behalf of the individuals concerned. I do not know when the British system of post-war credits was started, but the aims in both cases were obviously to reduce the amount of spending money available when goods were in short supply as well as to build up an individual's future bank balance. I tried hard to get permission to use money thus saved for the benefit of patients through our Central Hospital Fund but of course I failed. The Japanese told me that officers would be shown their savings accounts in January 1944. I have no note that this was done by that date but it could have been done without me making a note in my diary. It was certainly done at a later date. In any case, in my story of the events of 1945 I record that in August I was handed substantial sums in military yen by Saito which were said to represent savings thus accumulated by officers in the hospital. By then the military yen had for practical purposes lost all value and my diary does not record what happened to our savings. By then we had our minds set on much more important matters.

During the year we also received through the Japanese a Red Cross issue of vests intended for all in hospital. These were very acceptable, but the numbers were 39 short and so we excluded senior officers from the distribution. We also had a gift of socks and we issued these only to staff and to patients in special need as we had not enough to go round.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Four times during the year the Japanese gave us supplies of soles, heels, nails, hobs etc. for repairing boots and three times we got issues of khaki and white cloth, thread etc. for mending clothes. As an example of quantities, on 19 June we received 15 yards khaki cloth, 11 yards white cloth, 5 packets sewing needles, 2 sewing machine needles, 3 reels white cotton, 3 large reels white thread and 13 large reels of khaki thread, one of these being extra large, 50 sets half-soles, 476 pieces heels, 9 lb hob-nails, 7½ lb protectors and 5 lb nails.

Religious services were held in the recreation room twice each Sunday and were conducted by Mr. Squires. The form of service was such that men who belonged to churches other than the Church of England could attend and the turn-out to morning service was usually good, resembling in a way a village congregation at home. Mr. Squires was hard put to it to produce wine for communion but kept up his supply by a variety of bought or ingeniously concocted liquors. In March we managed a Roman Catholic service conducted by Father Deloughry, a Canadian who was a patient at the time, but this represented nearly our only success for members of this church.

Ever since hostilities we had had a number of patients who had been blinded or had suffered amputations while others who were over the age of 60 were likewise unfit for further service. In the latter cases I recall that if being over 60 barred a man from fighting, then one of the bravest and most stubborn resistances of our little war, carried out by senior members of the Hong Kong Volunteers would never have happened. So in April 1943 twenty eight of our patients in the classes named were discharged to P.O.W. camps and I think that all left us quite ready for a change to new surroundings.

Towards the end of the year we were examining how we could discharge to P.O.W. camps, without risk to themselves, those patients whose eyesight had been seriously affected by deficiency diseases. We decided that if these patients were in satisfactory physical state otherwise, and if we could ensure that they would get 8 mgm thiamine by injections evey second day in camp, we could retain specialist control if we could get them returned to us at regular intervals for assessment of their progress. We were encouraged to believe that this was a realisable objective because three officers from Kowloon had been sent over earlier in the year for ophthalmic examination and one of these was admitted at

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

once to our hospital. At any rate we were prepared to try a method by which we might exercise influence on the procedure for admitting patients to hospital.

We had been preparing what we called yeast drinks for all in hospital. We interrupted the issue for a time because the fluid became very sour and was discovered to have eroded some of the zinc pails in which it had been prepared. This was an arresting thought for us who were trying to do good. We then adopted a new process for producing yeast for baking and for issue aided by an ingenious device made by Mr. Sims, our chief engineer, whose fertile brain produced many ideas for our benefit.

A few of our patients were showing signs of obsessional mental disturbances, mostly harmless but we had a number of cases of real mental disorder which called for supervision. We had what used in peacetime to be called a mental ward in the hospital and we had nursing orderlies who had been trained in the nursing of mental cases. These patients however were mostly cared for in a small ward, in no way different to the other wards in the hospital and some of the supervision was often provided by convalescing patients. Only once did a mentally afflicted patient cause us real anxiety when he broke free and rushed out of the hospital toward the guardroom pursued by his attendant. The guards did not attempt to shoot and our patient was brought back quietly to the hospital. I considered that the conditions under which prisoners of war were confined did not in themselves cause mental disorder, though they may have accelerated a breakdown in men otherwise liable to be affected.

In March we received another 622 books from the Red Cross via the Japanese and a little later we installed our library in the peacetime operating room on the first floor. Some books and the musical instruments and indoor games were displayed effectively in the recreation room for the benefit of inspecting officers. The librarian did an excellent job repairing damaged books and used threads unpicked from a soldier's webbing belt to stitch back detached covers and folios.

On 3 May 1943 the Japanese asked for boxes of personal possessions which had been left behind by our nurses to be delivered to them, and within an hour Seino took away 14 trunks, boxes etc. belonging to 10 ladies. I never heard if these reached their owners in Stanley Camp.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Air alerts were frequent and raids were common, though no attacks were directed near to us. During alerts we brought our patients down from the upper two floors and the arrangement worked well enough though I was always a little fearful of our excitable guards urging haste to our patients whose gait and balance were disturbed by disease. Blackouts occurred regularly and added greatly to the difficulties of our night duty staff. I used to lie in bed on many nights when the hospital was blacked out but not alerted and listen to the big American planes flying over Hong Kong, probably from airfields in China on bombing raids on Japanese held territories. Emergency checks on our numbers continued to be held at night time about once a month in addition to the regular morning and evening checks. The night checks got us up from bed for up to an hour. In May we could still use our portable X-ray machines but this was of little value because we had no films. About the same time mosquitoes were a pest and we had a number of cases of fever among staff and patients.

During 1943 I find recurring references in my diary to shortages of fuel and we had parties out regularly on the hillside behind the hospital felling trees. The cooks had an unenviable task trying to make fires with green wood. Food supplies, too, came at intervals which were not regular, and in June for example the rice intakes was so irregular that we had to juggle a good deal with issues. Stocks of sugar both from the Red Cross and Japanese sources dwindled also and we had to cut issues in order not to run out of supplies. By September 1943 eggs cost 1.30 yen each and rising costs generally compelled us to re-examine the system of issuing extra food for patients in need. We established that first priority should be given to patients with suppurating wounds or who had pulmonary tuberculosis; next came patients with gross loss of weight; then came those with acute fevers and those who could not eat rice and with these were banded some of the patients with visual defects, the result of deficiency diseases. In July we had to reduce the flour ration to 104 grammes a day, though to offset this the daily rice ration was increased to 384 grammes. We experimented with combinations of atta, boiled rice and ground rice to make something we could call bread and we even produced some small buns using a little flour as well. We made and issued a soup made from fish heads but this was unpalatable to most and when we abandoned the experiment we thereafter issued fish complete with

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

their heads. Though bits of protein may thus have been made available many found it hard to look their fish in the face.

We had two Red Cross inspections by Mr. Zindel in June and December. On both occasions staff and patients paraded and he made quite extensive rounds though no communication between him and us was allowed. In July though, he sent us a number of indoor games including chess sets, a table tennis outfit, two dart board sets, 18 packs of cards, four badminton rackets and two boxes of shuttles. These again had to be given prominent places in the recreation room where they could be seen. About half way through the year we began to have to pay for our four copies of the *Hongkong News* which we received usually each day, 15 sen each at first.

In June I was faced with a demand from Seino for reports on our compradore shop, on the state of health of our staff, on the boots and clothing of all in hospital, on patients classified by diseases, on our complaints and on our methods of dealing with mosquitoes, lice, bugs and flies. About the end of July staff, but not patients, were allowed to bathe in the reservoir provided they wore fandoshis while I required bathers to have a shower first. The supply of mains water was intermittent and low stocks of the drug forced us to reduce the daily dose of thiamine in August to 4 mgm by injection. All concerts, church services etc. had to be finished by 8 p.m. and applause, cheers for entertainers, community singing etc. were forbidden, again I think partly because of the nearness of the Japanese army's watchful critics, the Japanese navy, and partly because our own guards might take exception to noises of this kind. We had a good piano in our recreation room and a less tuneful instrument in what had been the Chinese boys' quarters. By September all concerts and piano playing in the recreation room except during church services were stopped.

I failed again to get an extra rice ration for our staff and stocks of rice would not allow us to issue extra to them without reducing the amount available for patients; for my pains we were called upon to make returns to the Japanese showing all our food stocks.

Members of the staff had been allowed to store certain locked boxes containing personal possessions in our boiler house and on 3 September a sudden search of these was made by the Japanese, all locks being smashed to get the boxes open. Seven officers and two other ranks were involved as owners, and a pair of binoculars

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

was found and confiscated, and I was told that searches would continue if forbidden articles of this kind were found. We repacked the boxes as best we could but we could only rope them and not lock them. I passed to the Japanese lists of possessions known to have been taken by them which I claimed belonged to people protected by the Geneva Convention. Nobody ever saw these goods again.

On 26 September the transmitting room used to broadcast music to the wards was dismantled and the bunk used for this purpose reverted to use as a nurse's bunk. Many in the hospital I think were relieved to know that our radio receiver was no longer active. I have referred elsewhere in this account to the rumour that the receiver was still being operated elsewhere in the hospital.

In September 1943 there arrived as our hospital interpreter Mr. Watanabe, Uncle John to many. This remarkable man was the minister of a Christian Church in Japan but I had few dealings with him outside official business at this time. He hated war, but while he did much work carrying messages of comfort between prisoners and between them and their relatives in the Colony and forwarding the good work being done by Selwyn-Clarke and his helpers he never betrayed his country and sought only to temper the harshness to human beings which resulted from her policies. After the war he was the subject of one of the "This is your life" programmes presented on television from London, to the preparation of which Selwyn-Clarke contributed greatly. I have had the pleasure of entertaining this truly Christian man myself in London. His whole family was killed in an air raid in Japan.

When hostilities began in 1941 a number of private cars had been parked in the hospital grounds and most of these were damaged, my own very severely by masonry falling from the building which was damaged by bombing and shell fire. One car had been stripped and used by us for study purposes but all cars along with a lorry and an ambulance car had to be pushed by us up the steep hill to the Japanese officers' living quarters and were thus lost to us.

My diary records that on 9 November we sent a couple of glass eyes to Sham Shui Po for use by our men there so that they obviously continued to pay attention to their appearance. There was a very cold spell of ten days in November during which we needed all our blankets and all our blue hospital uniforms to keep patients warm. A full course of inoculations against typhoid, cho-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

lera, and dysentery using Japanese material was completed in the same months.

In mid December the first move was made to restrict the area round the hospital in which we were allowed to move and the wire was brought closer in to exclude us from the peacetime N.A.A.F.I. block, the senior warrant officers' quarters and the tennis court. Christmas passed quietly, marked by the issue of extra food which had been prudently accumulated over a long time. The wards were decorated and carols were sung on Christmas Eve. We returned to reality with a night search by Seino in which he confiscated all electric heaters he found.

1 JANUARY 1944 — 23 MARCH 1945

The British Military Hospital remained in Bowen Road till 23 March 1945 when it moved to the Central British School in Kowloon. It will be convenient therefore to cover the whole of 1944 and the first three months of 1945 in this section, and to leave the remainder of 1945 up to our release in August to be considered in a later section. Conditions in Bowen Road and in Kowloon were quite different.

On 1 January 1944 we had 234 patients, but by 31 December the number of patients had dropped to 145 and the staff had fallen to 55. During 1944 deaths numbered 14, and between January 1945 and our move to Kowloon in March a further two patients died. For the last ten days of January 1944 we had no patients on our dangerously ill list for the first time since our capture. This happy position did not last.

The decline in the number of patients was the result of two factors. Firstly, prisoners of war who had survived thus far had constitutions which had become better adjusted to the type of diet which was alone available to them while no further outbreaks of infections disease occurred. The general condition of our patients and staff upon whom our observations were made drifted slowly down, and in 1944 and early 1945 more of our staff were admitted for hospital treatment than at any other period during our imprisonment. The second cause was a Japanese order to me by Saito on 19 November 1944 to reduce our total of patients and staff to 200, and during that month two drafts totalling 9 staff and 96 patients left for camp. The timing of this decision should be seen against our predicament in Bowen Road resulting from growing shortages

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

of electricity and water supplies and firewood, increasingly frequent air attacks and I suppose the general problems faced by the Japanese in retaining a small unit isolated from other P.O.W. camps which they had to supply and guard.

The fifteen months which remained to us in occupation of Bowen Road proved to be a long drawn-out test of our endurance. We knew from the local newspaper about the Normandy landing by the allies and thereafter we traced on our school atlases subsequent progress in Europe. We gauged progress on the Russian front from the place names, while the names that appeared in the accounts of the Pacific war betrayed the progress being made there against the Japanese even though they always emphasised the staggering losses claimed to have been inflicted on their enemy in all their encounters.

Progress was more rapid than I for one had thought possible, but our own existence in Bowen Road became increasingly circumscribed as the boundary wire was brought even closer to the main hospital building. In January 1944 our staff were removed from their barrack block to occupy the fair sized Ward 3 on the top floor of the hospital. Gates in the wire allowed our men to get to their own gardens for a few hours by day; by November the wire was brought even closer so that all buildings were excluded from us except for the cookhouse and the mortuary.

During January 1944 we had to cut the rice ration from 383 to 354 in order to conserve stocks, and by now rice was being weighed out at the steward's store into the utensils of each ward and mess. All staff under commissioned rank began to receive Japanese pay, 25 sen for a warrant officer, 15 for a sergeant or corporals and 10 for a lance corporal or private, so it had taken three years before our captors allowed this trivial right. Pay for commissioned officers arrived pretty regularly and in June all received their Japanese banking accounts to check. All contributed fixed proportions of their pay to the Central Hospital Fund from which small monthly payments of five or six yen were made to staff and N.C.O.'s in charge of wards. Disbursements continued to be made from the fund to provide extras for patients in need, supplements to improve the general diet and cigarettes or cash instead to all except commissioned officers. Small purchases of various stores needed in the hospital were also made. In April 1944 the contributions to our fund which had been coming from our officers in P.O.W. camp in

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Kowloon were stopped by the Japanese, though I never found out why this was done. We did receive, however, lump sums which allowed all except commissioned officers to be given 30 yen in February from the British and Canadian Red Cross Societies, 15 yen in March from a Relief Society in England which I never identified, 17 yen in June from the British Red Cross and 25 yen in August from the same source. Even now I recall the pleasure with which this money was received. A small degree of independence was restored to men by their acquisition of money controlled by themselves.

In January 1944 all staff were required to wear identity numbers issued by the Japanese. In February Saito searched the hospital including stores and roof and the same month, following an air raid, all in hospital were ordered to have their hair cropped close. I have said that the practice of growing beards which set in directly after our surrender had long died out and everybody was shaved and wore his hair short so the new order created considerable resentment. I led the way with a close clipper crop for myself and we soon got used to our altered appearances. I can only suppose that Saito was getting out on us some irritation he had to endure from his own people or from the increasing air attacks. I nagged at him to get this order rescinded but it never was and it was 1945 before we began to return to our normal hair-cuts without his authority, a change which passed without comment by Saito.

On 11 March a Japanese supplies officer came with Saito and inspected men's kits, the linen store, the steward's store and the wards. Our staff were paraded to hear a speech from the supplies officer in which he said that the Japanese would do what they could to keep us supplied but we must be prepared for some shortages. He added that the prisoner camps in Kowloon, both for officers and for other ranks were worse off than we were but that the Japanese would not cut supplies for our hospital unless shortages compelled them to do so. I was required to read a short announcement prepared for me in English by the Japanese to the effect that we should be very grateful to them for what they were doing for us, and this theme was elaborated in language which was obviously constructed by someone who had learned English in Japan but had never heard it spoken among English speaking people. I remember emphasising the incongruities of the construction of the note in my reading of it, but though we all took this incident as a warning of what was

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

likely to follow neither I nor any of those present realised the straits to which the Japanese were being reduced by the allied blockade.

On 1 April I had to give Saito a certificate in writing that no Japanese school children, soldiers or ordinary spectators had been allowed to come and look at us in the hospital, in fact that we had not been put on display for the curious to gape at. I had no difficulty in complying, for nothing of this kind had ever happened. My explicit clearance certificate was amended and returned by the Japanese and though their version was, I thought, less exculpatory than the original I was still able to sign it without reservation. On 20 June Watanabe told me that we must keep all our worn-out clothing including even the fandoshis and this was yet another indication of the deteriorating situation on the Japanese side.

On 1 July Saito brought a senior doctor to see our equipment in the operating theatres, the X-ray department, the laboratory, the physiotherapy and the ophthalmic departments, and they also looked at our disinfestor arrangements. A little later photographs of the operating rooms, the X-ray department and the laboratory were taken.

On 7 August Watanabe took away the remainder of the kit which Colonel Shackleton had left behind with us, seven boxes in all none being locked. On 10 September Saito again made a search and took more plain clothes. On 6 November a Japanese officer searched the operating theatres and X-ray department in the basement, knocking out some bricks in walls in the process. Directly after this search was completed Saito and Seino repeated the whole procedure.

In our small community I got news very quickly of any unusual happenings and one day late in the year I was told by our own people that two members of the gendarmerie, the Kempeitai, had arrived. I believe that they were identified by the Japanese guards and a notable stillness fell upon the hospital, guards and guarded alike. The former were clearly concerned to keep out of trouble while we knew enough about the reputation of the gendarmerie to keep quiet and avoid provocation. I was not summoned to accompany them nor were any of our local Japanese authorities but I observed two very powerfully built men whom it would have been unwise to provoke. They paid a few perfunctory visits to different parts of the hospital and then left. I never knew if this visit was any

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

more than a casual call during an afternoon's stroll but I would never have expected such a call to have been made by chance and at the very least they probably wanted to see for themselves the conditions in which we were guarded. When they left the guards and ourselves resumed our normal behaviour, not unlike the chattering of birds, stilled while the hawk is overhead and resumed when the danger has passed.

It is not difficult now to attribute some at least of the searches which took place about this time to the prevailing mood of the Japanese in Hong Kong. Suspicion of foreigners had been fostered assiduously in Japan before the war and xenophobia flourished exceedingly when war began. The turn of the tide against the Axis powers I suppose did nothing to soften this feeling. In Hong Kong Dr. Selwyn-Clarke was arrested in May 1943 to face charges some of which sound grotesque, and I have given a short account of his subsequent experiences. In July 1943 the Japanese gendarmerie arrested a number of men in Sham Shui Po. Under torture the names of others who had sent and received messages from Waichow via Chinese drivers of ration lorries were extracted and Colonel L.A. Newnham late Middlesex Regiment, G.S.O.1 British Troops in Hong Kong, Captain D. Ford 2 Royal Scots and Flight-Lieutenant Gray, R.A.F., were implicated. These three officers were tried by Japanese Court martial in Stanley in December 1943 and shot the same month. They had endured interrogation, a word now thoroughly debased, for many months and their condition at the end was described as deplorable.

Against the background of events outside which I have just described we were in a position of some privilege in Bowen Road, but it seems likely that there was some link between the two situations. It could easily be that the Japanese inspections of some of our medical and electrical equipment was carried out by men capable of detecting apparatus usable for radio communications. Some of the searches certainly seemed aimed at the detection of concealed radio apparatus. We were lucky that nothing on which suspicion could feed was discovered, but my scalp always crawled a little while the searches were in progress.

We had a number of visits from Japanese doctors who wanted to see our patients, principally at this time those partially blinded by the deficiency diseases. My diary records that we found one such doctor, a lieutenant-colonel, to be courteous to our patients.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

The fact that I remarked upon this feature shows that it was unusual and this is true. Other doctors were not openly discourteous; their manner was uniformly aloof and when interest in the case of a patient was displayed there was little sign that one human being was dealing with another. This characteristic was shown by all inspecting officers and we came to regard it as normal, certainly with us and quite possibly with their own troops also. One eye specialist a lieutenant, his name sounded like Igara, examined a number of these patients suffering from disturbed vision one day along with Major J.D. Fraser. We asked him for suggestions for treatment and he advised giving potassium iodide by mouth along with subconjunctival injections of saline. We showed no enthusiasm for these measures and he said he was prepared to give the injections himself. We diverted his attention and no such injections were ever given.

In January 1944 all in hospital were asked by the Japanese to provide 200 word essays on their experiences during hostilities. Essayists were asked to pay special attention to any psychological reactions to their experiences, the area in which they had fought and the names of comrades who had been killed. I imagined that critisms of our own leaders, personal fears, war weariness, Japanese superiority in the field for example, might have proved useful propaganda in the Greater East Asia Co-Prosperity Sphere. Many of the stories which passed through me showed that bodily privation had not impaired mental inventiveness and I made sure that nothing of value got through in these essays.

Japanese forms were also required to be completed for every man in the hospital showing his name, date of birth and age, height, weight, chest measurement, dates of inoculation against typhoid, dysentery and cholera and date of vaccination. I was required to record weights graphically each month, a record which I had been keeping up already for my own purpose ever since August 1942. In December separate forms giving information about themselves were required in addition from all non-British in the hospital.

Another report demanded by Saito was on the peace condition of our hospital in Bowen Road. He sought information on accommodation, diets, amenities, ward equipment lighting and so on. I never discovered the reason for him collecting this information whose only value could have been to satisfy his personal curiousity.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Mail for prisoners came in well by our standards in 1944, and the record was established in a Red Cross message dated January 1944 to a man from his wife in Australia which he received in May. At the other extreme one letter from a wife in Stanley Civil Internment Camp and dated 4 September 1944 addressed to her husband was delivered in Bowen Road at the end of October 1944. The husband died in our hospital on 27 October 1943 and of course his death had been reported at once to the Japanese. All in hospital were now allowed fifty words on their outgoing cards irrespective of destination once a month. In October 1944 six of our patients and staff handed in through me forty-word messages to their families on the offer that these would be broadcast by the Japanese. Replies were invited. These messages were returned to me as lacking in drama. The contents were, like all such messages devoted to personal and family affairs and could be of no possible interest to anyone except the recipient. I never heard that any messages submitted for broadcasting were received at home.

Several times during 1944 I re-classified for Saito all our patients under certain heads; first there were those fit to return to camp; next came those with visual defects, the result of dietary deficiencies but generally physically fit; the third showed patients unfit for military service by reason of age, wounds etc. Those not included in the lists were under treatment with a reasonable prospect of restoration to fitness for camp, fitness for camp being judged in all cases as being unlikely to come to harm by such a move. The first category of patients, numbering fourteen were having no treatment and needed special accommodation only; in the second case we advised that patients could go to camp into special accommodation so long as they received eight mgm thiamine by injection every second day and were seen by our ophthalmologist every two months (we had produced this list with great care some months earlier). In the third category there were 94 names including 24 Canadians, 1 Portuguese and 1 Dutchman. A series of drafts left hospital for camps and our staff was likewise reduced by 10 R.A.M.C. and R.A.D.C. in April. Japanese policy became clear when on 19 November 1944 Saito notified me of their intention to reduce the total of patients and staff in Bowen Road to 200, and a final draft of 9 staff ad 46 patients left for camp on 22 November.

Our men were better adjusted to their diets, but some of those admitted from camp were showing serious sign of undernourish-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

ment and my diary specially records that one incoming draft of patients were showing serious losses of balancing power. I recorded also that in October I was pressing for patients for admission to be allowed to bring with them a change of clothing. Earlier in the year in April an officer of the Hong Kong Volunteers was brought over to us as a special admission, having been operated on in Argyle Street ten days earlier as an emergency undertaken to close a perforated peptic ulcer. The excellent result for the patient must have been very gratifying for the surgeons who had to overcome many difficulties. I recall only about four occasions in two and a half years in Bowen Road when special admissions for consultations for individuals were arranged, and of these two were for non-urgent eye conditions.

From time to time we were given materials for boot and clothing repairs. The boot materials were good, but I noted that in August the clothing material included 18 old khaki drill trousers and 17 old white pants. I had myself been lucky with my own shoes because soon after our surrender one of my patients offered to fix for me rubber soles cut from the outer cover of a motor tyre. The result was a little clumsy but of course the soles never wore out. On 24 October we had a good intake of Red Cross clothing which I was told by the Japanese was for our staff only while stocks for patients would follow from Kowloon. I arranged distribution to the staff but accepted nothing myself, fortunately for the promised second delivery never arrived. There was much ill feeling among certain patients as a result. Over two years experience of the readiness of a Japanese to make a confident pronouncement upon a subject about which he knew nothing, and of his own ability and that of his colleagues to state something entirely different a little later, should have made me more wary. The opportunity to make this sort of mistake had not occurred earlier nor did I ever repeat it and the allocation of gift stores in the future was made by public lottery. Leonard Mosley in his biography of Emperor Hirohito of Japan published in 1966 writes of the Japanese language "..... the language is made for inferences and circumlocutions which might be taken as agreement or disagreement, one can never be sure". I cannot give any opinion on this, but if his statement is true and I have no reason to doubt this, the Japanese with whom we came in contact translated their circumlocutions into English,

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

and I suspect that what Mosley says applies to the Japanese character as well as to the language.

I referred previously to a widespread infestation of round worms which our staff and patients had to endure, but eradication though not easy was more successful than our efforts at de-bugging beds, blankets and clothing. More of the staff than ever before were admitted to hospital, mostly for short periods, but one of our best nurses contracted a serious infection and was never available for duty again, though he was in good heart at the time of our release and was confidently expected to recover completely.

The foibles and idiosyncracies of many in the hospital proved hard for their neighbours to endure. The quick tempered had to keep a tight rein upon themselves, and there were many awkward moments which passed only when those concerned realised that there was no alternative but to soldier on.

None of our requests for pastoral visits from a Catholic chaplain was ever granted. The Rosary was however recited each evening over a long period by a group who found consolation in this observance. When funerals of Catholics or men of other faiths were held a layman co-religionist often spoke a few words of committal at the gaveside, or occasionally if no one else was suitable and available I did this myself.

During the year we were very active in our gardens which occupied the greater part of our available space. Seed prices were high, for example one and two thirds ounces cucumber seed cost 3.50 yen while like quantities of seed for Chinese cabbage, long beans, short beans and carrots cost 0.60 yen, 1.30 yen, 1.00 yen and 1.00 respectively. The year was a very wet one and we recorded a total rain fall of 124 inches. The hot weather played havoc with our gardens and we fought a steady battle against caterpillars and other predators. We did get a substantial vegetable addition to our main diet while individuals profited from their own exertions. A working party one day discovered some excellent tomatoes growing below the hospital in Bowen Road at the site of a sewage pipe which had been fractured by shell fire during hostilities. We had therefore bought the seed, grown and consumed the fruit and excreted the seeds which planted themselves by the broken sewage pipe—and so the life cycle went on. In September I was asked to agree to Tokunaga's request to be given six pumelos growing in our grounds. This was a strange request from our overlord, which

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

however was in keeping with the Japanese refusal to remove what belonged to us—except of course our plain clothes.

In March some of our typewriters needed servicing and we had neither the skills nor spares to do this effectively. Having reported this I received a reconditioned machine which was quite essential for we used typewriters extensively to furnish lists and reports to the Japanese. They would have found our manuscript very difficult to understand and some of the paper they provided would have absorbed our ink as a blot rather than displayed our ideas.

Sentry stations were now linked by telephone with our Japanese supervisors, and many more lights were added round the wired perimeter. We allowed one of our refrigerators to go to the guard house. We were not commanded to do so by any one but a request from the guard commander in typical gruff fashion and in the usual peremptory manner was met by us as a conciliatory gesture. We could well spare the refrigerator though I don't know that we did ourselves any good by doing so. By December 1944 I could carry out my weekly inspection of the hospital and visit all patients on one round.

I much regret that I kept no record of drugs etc. supplied by the Japanese. We did receive all the vaccines needed for the repeated inoculations we had and I think we must have been the most inoculated troops in the whole war. Receipts of the therapeutically active drugs such as the sulpha group were nil and the quantities of dressings and other drugs that we were given were for practical purposes negligible—a half dozen bandages, a small packet of cotton wool for example. Our own stocks laid in before hostilities were diminishing, though by August 1945 we still had a small quantity of cotton wool, small stocks of carbon dioxide, anaesthetic gases and oxygen. Our doctors rationed themselves carefully and I controlled myself the issue of certain valuable but irreplaceable items. On 21 September we were given two cases of Canadian Red Cross medical supplies; I did not record the contents but we were able to issue one multivite capsule daily to all in hospital. We continued to send small quantities of drugs to camp when we found men willing to smuggle these in. The prophylactic dose of thiamine varied according to stocks which were brought in by our visitors but had not fallen below 2 mgm daily. Our physicians tried the effect of giving large doses of nicotinic acid 500 mgm daily for 30

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

days in selected cases but without improving the condition of their patients.

In addition to beautifying our cemeteries further by means of tiles removed from walls in the hospital, a wooden Memorial Cross was completed and erected in the front cemetery to those of 27 Company R.A.M.C. who had been killed. The names of the men had been skilfully carved by a patient, Private Medhurst. The ideas for beautifying the cemeteries and for the memorial cross as well as for many of the improvements made in the hospital came from many sources and I was able to give all encouragement to men with ideas and to provide materials when available.

The year 1944 was a bad one for the supply of our Japanese rations and fuel. In February we had our last baking of bread using flour, and by that time the flour was very stale and weevily. In compensation the ration of rice allowed by the Japanese was raised from 384 grammes first to 570 grammes and later to 600 grammes daily. We were never able to issue rice on these scales because of the short weight sacks to which I have referred before. A typical disappointment came in March when the ration was cut back to 480 grammes, the cut being made retrospective to 1 March. March also brought news through Watanabe who told me that Red Cross bulk supplies would be delivered twice a month and I prepared lists of items we considered desirable, again keeping my suggestions within the bounds of what I guessed to be practicable in Hong Kong. Saito told me on 8 March that supplies I had asked for on 29 February after one of his searches could not be provided. This was an advance for me because so often in the past I never heard what the decision was on any request. In our first receipt of Red Cross supplies in March we received codliver oil which I allocated to the medical officers for use as they judged proper. We had also received some shark liver oil from visitors and I used this by adding it to any stews we had in proportion of 5 minims for each person in the hospital. At this time we began to issue to all in hospital soy beanpowder as such, instead of making what turned out to be rather repulsive milk from it. We continued to make soy milk for certain patients on the assumption that it might be more readily absorbed. Our meals were often late, mainly because of difficulty of getting good fires in the kitchen. Deliveries of rations were often irregular and we were generally uneasy about the system. Our guards seemed to share this anxiety. The quality of rations

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

was specially poor also about this time some of our rice was wet and a stock of bran became hot but we still used every scrap of food. We did have one splendid feast in August 1944 when we received one issue of unplucked pheasants and partridges packed in Manchuria in 1941. Our cooks prepared a stew which made a memorable addition to our rice and vegetables. The game had obviously been in cold store in Hong Kong and electricity cuts must have endangered the refrigeration and so we benefited. In August the Japanese were very active in storing rice and a total of 250 sacks were stacked partly in our hospital building where the Japanese held the keys and partly in the Japanese medical quarters. This was another of the very heavy fatigues which devolved upon staff. It was usually non-nursing staff who did work of this kind, though some of the nurses joined in which clearly meant that they welcomed even heavy labour if it involved a change in their routine.

The Red Cross local bulk supplies allowed us to make our basic diet of rice and vegetables much more palatable and, just as important, they showed our people that a valiant attempt to meet their needs was being made. Our morale, depressed by the third year of our captivity was lifted.

Mr. Zindel visited us in August and again in December 1944. In August after the usual formal and silent round of the wards I was summoned to the Japanese office where I found Tokunaga, Saito, Zindel and an interpreter. Zindel then asked me what food stuffs we needed, making the point no doubt for the benefit of the Japanese that he had asked similar questions of the officer placed in charge by the Japanese of the other ranks camp in Sham Shui Po. I asked for food containing protein and vitamins, saying that these were our main need though we also needed sugar to replenish our falling stock. He told me that fresh meat was not available which came as no surprise to me but most helpfully offered beans, which I welcomed. I followed up this very short talk with a list addressed to Zindel througn the Japanese, again limiting our requests to items which we judged might be available. At Mr. Zindel's December inspection no conversation was allowed though the visit was marked by an air raid.

In August 1943 we had no mains water for 36 hours and had to carry what we needed from the reservoir where the water level was too low for our pumps to be effective. Thereafter we had no trouble for some months though we were reproached for using

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

too much water, a complaint which I imagine rose from a need to save electricity which powered the water pumps in the mains system in the Island. In the first half of 1944 we drained our reservoir twice to repair leaks and on the first occasion we found quite a number of British rifles, pistols, grenades and a substantial quantity of ammunition which British troops had obviously jettisoned during their retreat. During hostilities R.A.M.C. personnel were armed to protect their patients if need be, but all such arms in Bowen Road together with those which had come in with patients had been withdrawn and returned to the Royal Army Ordinance Corps as the end of hostilities approached. I never heard that firearms were ever used by medical personnel. We were never asked to explain the presence of arms after they were discovered in the reservoir. Mains water was cut off intermittently from mid 1944 onwards and in November we read in the *Hongkong News* that water supplies would be cut off in a large part of the city of Victoria, while we in the hospital were warned that we might possibly get a mains supply on one day out of three. Our engineers thereupon laid a water pipe from the reservoir to the kitchen with tanks which were baths removed from the hospital, at the reservoir and on the kitchen roof. Provision was made for showers and special arrangement were made for gardeners. The sappers were required to extend our water supply to the Japanese guardhouse and they also dammed a nullah above the hospital to provide a supply for the Japanese administration. The pipes were taken from the hand rails on the stairs in the hospital and elsewhere, and the work was timely for the mains supply ceased at the end of November 1944. We then chlorinated our drinking water in containers in the wards and hoisted water to the upper ward levels in buckets using a system of pulleys. Thereafter we relied on hill-water for our supplies though in our new quarters in Kowloon after March 1945 the mains supply system was operating.

The mains supply of electricity, interrupted for a time during hostilities, was restored after our surrender and this was extremely valuable to us in the long months of 1942 and 1943 when we had so many seriously ill men. Each ward had a small electric instrument sterilizer which we were allowed to retain and they proved of the greatest value in preparing drinks, small dishes of food and boiling eggs etc. for patients. Our skilful engineers kept them serviced and they were used as long as we had any current from the

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

mains though as time went on the permitted hours of use had to be restricted. The most alarming and dangerous devices were connected to live sockets by our men who wanted to heat water for some form of food. I prohibited the use of these dangerous bits of wire on the advice of the engineers to try to avoid a fatal accident. Though my order was I knew widely ignored, no one was electrocuted.

After the first air raids in October 1942 we had to black-out the hospital, first on the harbour side and soon all over. Electricity was frequently switched off at the central stations in Hong Kong without notice during air alerts, and this caused many difficulties for our night staff who had to care for very sick men especially in the diphtheria and dysentery wards. We were not allowed to use our generator at this time and we only had six candles (a curious shortage this) when lighting problems first arose. I ordered many more candles through the compradore, our dispenser made some good candles himself and we learned that medicinal oil of paraffin burned well in hurricane lamps. Pieces of string soaked in peanut oil gave some light and our ingenious sappers constructed a few battery-operated lamps for special use. Imposed black-outs lasted at first from midnight till dawn, but later from dusk till dawn.

Up to December 1943 the main consideration so far as the use of electricity was concerned was to enforce black-outs; thereafter economy in the use of current was urged upon us. In 1944 all electric heaters were confiscated by Seino and we were allowed to use our ward sterilizers only for a few stated hours each day. In February some Japanese officers inspected our larger generator which they removed in August. As the imposed ecomonies did not show a sufficient saving, in June we were ordered to lower our consumption of light by 33% and our power by 57%, so that we had to reduce the ward services further. In July we were told exactly the number of light bulbs we could use, and all 60-watt bulbs were replaced by 40 watts. By August no gas or electricity was being supplied in Hong Kong and so we had to do without light and power. Batteries used by night duty staff were charged, using the exercise bicycle in the physiotherapy department. Water for injection purposes was prepared from filtered water which was then passed through a Seitz filter and raised to 80 degrees C. for one hour on each of three successive days. The emergency batteries

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

in the operating theatre had about 15 hours in hand and all instruments except those in constant use were vaselined and stored in airy places. Typically, after all the fuss, mains electricity was restored on 10 September for two hours in the morning and one hour in the evening and we were again allowed to use our remaining generator. By 19 October our allowance of current for lighting was subjected to a further 40% cut and our power to an 80% cut. We now used the theatre on one day a week using our own generator, but the need for individual diets and surgical procedures had dropped very substantially. By 25 October all mains electricity was cut off and thence forward we used our small generator for short periods on Tuesdays and arranged our work to coincide with these periods.

During 1943 we heard regularly the sounds of American bombers passing overhead but Hong Kong itself was rarely attacked. In February 1944 came the raid after which we had to crop our hair short, and by August raids and alerts were frequent and I noted eleven in my diary for that month. In the hospital our air raid precautions worked well enough and no accidents occurred as a result of patients being hustled downstairs by guards in the pitch dark. As I could not influence the guards myself I tried to get our administrators to send someone down during air raids to help to calm the guards. No one ever came, though eventually we got a telephone line between the hospital and the Japanese administrative quarters which I could use when I wanted, though it proved to be of little practical value. During September and October raids and alerts by day and by night were frequent and there was a particularly heavy raid on 16 October. In November and December the alerts and raids continued and on Christmas Eve we had three raids between noon and seven o'clock, four on Christmas Day and three on Boxing Day and the spate of alerts continued till the end of the year. One raid occurred, as I have noted earlier during a Red Cross inspection on 22 December and there had been raids also on each of the preceding three days.

At 31 December 1944 our total ration strength in the hospital was 200 and my sketch of the events of the year illustrates the increasing pressures being brought to bear on the Japanese by the allies, mainly of course the Americans. In the hospital the general feeling by the end of the year was one of buoyancy since the evidence of an approaching end to the war was clear. I shared

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

this feeling, but I still was troubled by a nagging fear of the dangers that closer American pressure and a final assault could bring for all prisoners in Japanese hands.

In 1945 the order to move to Kowloon was given to me by Saito on 6 March and the move itself took place on 23 March. The place first named as our destination was the Heep Yunn School and I learned of the change only on arrival in Kowloon.

Until we moved we continued to be short of ration wood, though we used a great deal of wood from floors in vacated buildings in the hospital with which to start our fires and often to maintain them. Early in January vegetable rations were short and many meals consisted of boiled rice only. On 26 January Seino began to store peanut oil in our boiler house, to protect it he said from incendiary bullets. We received 280 sacks of rice from a city godown followed in another day or two by another 60 sacks. Some of these sacks were taken into our store and some to the Japanese quarters, 200 were stacked in our casualty department for re-export. Altogether our men handled 400 sacks each weighing a nominal 100 kilos or about 40 tons over a few hours. They richly earned the small extra issue I arranged for them. Our men also had to carry 600 sacks of charcoal up the very steep steps to the old barrack room where it was stored, the doors being then locked. None of this charcoal was ever issued to us. It was about now that I was allowed for the first time to take on our books a nominal 100 kilos sack at 96 kilos and this was lucky, for we were already issuing less than the authorised Japanese rice ration in order to avoid running out of our short-weight stocks. In fact over a recent period we had actually received 370 kilos of rice less than the weight we had to take on our books. When I told Seino about this he asked me not to lower our rice issues below our entitlement, and asked also that we should make up one sack a month. This advice was, I believe well intentioned but was much less realistic than I expected from Seino. Arising out of our talk on shortages one day Kochi, an interpreter, said that the Japanese had been very busy during December. That was certainly true for the Americans were making much progress in their invasion of the Philippines. In January 1945 the system by which an amount of money was deducted by the Japanese from officers' monthly pay as savings was abandoned and so a lieutenant colonel, for example, got 160 yen in his pocket instead of 130. In the same month Seino gave me six dozen 11×14

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Red Cross X-ray films but by then we had no developer. We were very glad to receive from the Japanese some bars of coarse washing soap which we badly needed. We were also given 200 envelopes of tooth powder, some material for sewing and for boot repairs and some drugs including T.A.B. for inoculations.

In January 1945 we had to render yet another list of patients suffering from serious visual defects, arranged by nationalities, and this list recorded a total of 65. No mail had come in for some time but some did arrive on 18 and 19 January, my latest letter from home being dated August 1944. Christmas and New Year messages were delivered to us from Red Cross Societies in many of the allied countries.

The month however was dominated by American air attacks on Hong Kong. By 8 January we had had 17 air alerts without a raid and on 15 January we had a two hour raid. On 16 January occurred the most spectacular and effective of all our raids. It began about 8 a.m. went on till noon, was resumed during the afternoon and continued until dark. The all clear was sounded at 9.30 p.m. During raids all movement in the hospital was prohibited but we had to go out of doors to reach our kitchen and as the morning went on I went out myself, as of course there was no interpreter about and by signs got the agreement of the guard to draw breakfast which we eventually got about 11 a.m. It was 2 p.m. before we got dinner and not till after 6 o'clock was it possible to draw tea. All bearers of food had to hasten to get under cover with the greatest possible despatch. In the hospital, Japanese standing orders were to keep all shutters closed during raids or run the risk of being shot at. My little bunk in a converted lavatory overlooked the harbour and it was not difficult to open a shutter far enough to get glimpses of what was going on. Three large Japanese cargo ships were anchored in the harbour and the American air attack was pressed by dive bombing through very heavy fire in the most courageous fashion. At times the whole atmosphere seemed full of the sound of sustained gun fire and bomb explosions and the amount of ammunition used in the defence must have made a serious inroad on Japanese stocks. I did not see any aircraft brought down though there must have been casualties, but at the end of the day three cargo ships were badly listing and clearly unseaworthy for a long time to come. Fires were left burning in oil storage tanks on Stonecutters Island and elsewhere, and this day was to us a most impres-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

sive demonstration of American air power. I do not know if any Japanese planes took part in the defence. After the raid we picked up a great many jagged fragments of bombs and shells in our grounds though the hospital itself suffered no obvious damage. The history of the war shows that this raid came from Admiral Halsey's Sixth Fleet which had passed to the north of the Philippine Islands and approached the China coast searching for some remaining ships of the Japanese fleet. On this occasion the attackers failed to find the ships which at the time were lying up much further to the south but we got enormous encouragement from the successes we saw. The bombing was very accurate but during one raid on another occasion a fleet of large American bombers came in from the sea aiming from high altitude no doubt at dockyards and Japanese headquarters. Unfortunately their bombs fell short and damaged a large part of Wan Chai. As maybe imagined we had no newspapers for some days after these occasions.

On 21 January bombs from another raid fell very close to the hospital and we lost a good deal of glass and plaster and picked up many fragments of shells and bombs in the grounds. Our guards never overcame their excitement during air raids and added their own defence contribution by rapid fire from their rifles at the attacking aeroplanes. It would be interesting to learn how much ammunition the Japanese had left at the date of their surrender.

From the end of January 140 men from Sham Shui Po camp were accommodated on the top floor of the hospital which was wired off from the rest of the building. They were marched off daily to prepare ground in Happy Valley to grow vegetables there and were accompanied each day by one of our nursing orderlies. The original orders to me were to house the working party in the now vacant barrack block from which the hospital was by now wired off, but when these orders were changed Seino quite courteously apologised for the alteration. We cooked for the newcomers and helped their own 10 maintenance men to draw and hoist water daily to their quarters. The work in Happy Valley was arduous at first and the weather was cold and wet. Later the conditions were easier and the hours of work were less. The ration scale allowed by the Japanese for the working party was on a substantially higher level than that in the hospital in rice, fish, vegetables, beans, oil and sugar. I pressed this precedent and I got our official rice ration raised by 30 grammes to 510 grammes; the

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

working party got 600 grammes. They stayed with us for three weeks. By 23 January we often had little Japanese ration food to offer our people except rice and on alternate days we issued beans and small extras from Red Cross stocks to try to vary the monotony. As a contrast to this state of affairs Seino gave me 198 packets of cigarettes for 59 staff and working patients.

Syrup now cost 85.90 yen for a two lb tin, Chinese brown sugar 35.20 yen, rock salt 18.90 yen, soy sauce 17.70, matches 3.95 per box and razor blades 2.60 each.

In August I had developed cracks between my toes and my fingers became numb so by the end of January I was being given a little thiamine as treatment. We were able to issue one vitamin capsule to every man every second day.

In February I had to make another report on our cases of boils and upon the religions of our staff and patients. On 9 February Bishop Valtorta, Roman Catholic Bishop of Hong Kong arrived with Tokunaga, Saito, two other officers, Nomura the headquarters interpreter, and Seino and took a service. He exhorted men to pray for a just peace. He said that he had tried to get a priest to us to say mass but things were difficult. No priest had come or did come. The bishop did not visit any wards and went straight off by car, no doubt on Japanese instructions, though R.C. patients who had not been able to attend the service were disappointed. In response to a question from Saito I told him that we had had four R.C. deaths and 21 others had died of disease.

In and around the hospital in Bowen Road, by the date we moved, the bomb and shell craters were the resting places of 24 men including 2 Indians and 2 Chinese. Numbers 1 and 2 cemeteries provided graves for 70 men including one Indian. There were single graves in No. 1, No. 2 had one triple and five double graves and No. 3 cemetery held 33 graves, only one being a double grave. The craters were of course common graves and we had no access to them. The others were beautifully marked and kept. The total of dead was therefore 127, two having occurred in 1945.

Chinese New Year arrived on 13 February and in accordance with tradition the day was wet and cold. The hospital rice ration was raised by 28 grammes. We were again very short of wood and had run out of cooking oil and salt while the vegetables remained very poor. At this time we had three patients on the dangerously ill list.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

All of Mr. Campbell's records of receipts of Japanese rations were removed by Saito on 17 February in order, he said that they could be examined by Japanese checkers. We never got them back.

On 19 March 24 lorry loads of beds (100) and mattresses and medical equipment left the hospital. On 21 March 109 patients with four doctors and 5 nursing orderlies were transferred to huts in Sham Shui Po leaving four officers and 56 staff with 15 so called strong patients. I left with these on 23 March for Sham Shui Po. This was the only time I had been in a P.O.W. camp and by then the prisoners, like ourselves in the hospital had become adjusted to the conditions. The hospital equipment had gone to the Central British School in Kowloon. We had stripped Bowen Road of every single article and structure we thought might be useful to us on our new site. In this the Japanese seemed to encourage us.

THE REASONS FOR THE RETENTION OF THE HOSPITAL IN 1942 AND ITS REMOVAL IN 1945

In the conditions following our surrender it is not hard to understand the Japanese decision to leave a British Military hospital which they found as a going concern to care for allied sick and wounded. Such a decision enabled them to conform with the provisions of the Geneva Convention, a political decision while at the same time using an immediately practical alternative to involving their own medical services. Our hospital must have been a showpiece to their own inspecting officers and to the Red Cross representatives, both International and Japanese and illustrated how they were conforming with the provisions of the Convention. They clearly succeeded in creating a good impression as shown by the spontaneous remark to me of Mr. Engelbacher (I am not certain of the name) of the International Red Cross at the inspection on 21 December 1942 by Mr. Zindel and himself. He declared that we were better off than patients in a Japanese military hospital. This might have been true but at that time I was oppressed by the deaths of the last few months and the condition of large numbers of our patients and I received the information with some coldness.

The arrangement under which we continued to occupy our own hospital must have provided quite serious administrative inconveniences for the Japanese. So far as I know we provided the only concentration of British P.O.W. on the Island, though the Stanley Internment Camp some miles away held civilian internees and was

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

run by as entirely separate institution. After the Canadians moved from North Point we drew our patients only from Kowloon and I suppose that the prestige of adhering to the Geneva Convention outweighed in Japanese minds the administrative drawbacks of our site in Bowen Road.

As time went on the need to supply and guard a unit widely separated from the main body of prisoners must have become more onerous. Increasing shortages and difficulty in supplying electricity and water to Bowen Road were probably instrumental in finally bringing about our transfer to Kowloon.

24 MARCH — 9 SEPTEMBER 1945

We now moved into the last few months of our captivity. At first, staff and patients were accommodated in Sham Shui Po camp and from there working parties of our staff went out daily to prepare the hospital. It was on that day that I got my only view of the Heep Yunn School and I did not like what I saw, but the same day I learned that we were to have the Central British School for use. This looked and proved to be a suitable building and we began to move our gear there. A little later Saito told me that the staff would be reduced to 40 all ranks though previously he had said that there would be 40 other ranks. On 9 April 6 officers and 34 other ranks moved in to the Central British School. Besides myself there were Major G.F. Harrison, Major J.W. Anderson, Captain A. Coombs, Lieutenant (Q.M.) F.J. Campbell and the Rev. James Squires our padre. There were five Royal Engineers, M.S.M. Sims, Q.M.S. Tyas, and sappers Samways, Carvell and Climo, and there were 29 other ranks R.A.M.C. and R.A.D.C. headed by Sergeant-majors Muxlow and Bartley. On 10 April 62 patients of whom 58 had been in Bowen Road and four were newly arrived in the hospital. There were at first no non-medical workers though these had been promised. On 12 April a further 62 patients arrived, 31 of these being crippled but in fair general condition and a further 31 being what we then called old men (i.e. unfit for service by reason of age). Two army officers and some American and British merchant navy officers were included, but we had no special accommodation for officers. The Japanese ordered that all patients were to have white beds, another example of window dressing. The hospital provided for 34 beds for patients on the ground floor and 81 on the first floor which also housed the operating theatre, X-ray room and laboratory.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

There was no lift. By now we were caring for 15 patients with active pulmonary tuberculosis. The medical officer staff was slightly different from what it had been in Bowen Road (See Appendix C) and contained one new member, Captain Coombs. The changes had been made by the Japanese and I was not consulted, though Coombs was a valued and welcome member of the staff.

The building was arranged in two wings, and looked at from the front the left hand wing was given over to Japanese quarters. In the centre was a large Assembly Hall while our hospital occupied the right hand wing. The Assembly Hall was out of bounds to us except on special occasions. I had hoped to get a member of the Hong Kong Volunteers to come with us from Sham Shui Po as a rice cook, but he did not turn up, and Corporal J. O'Grady took charge. Our practice was now to cook all our food in bulk and not by wards and messes in their own containers as in the past. The kitchens had shallow rice boilers and our rice from now on improved considerably. The electricity generator had been damaged during the move but repairs were started by our engineers. The church was sited in the Central Clock Tower room. Saito gave us a *Hongkong News* from which on the 14 April we learned of the death of President Roosevelt and we held a memorial service for him on the following day.

A refrigerator was converted to act as a steamer, steam being delivered through the top, and the cooks baked some very good so-called cake and made some experimental bread without flour which turned out to be excellent when judged by our standards. We even began to fry the bread sometimes when we had enough oil. On 19 April four blinded men and two old men arrived, the former with attendants to look after their needs. On 20 April Colonel Tokunaga made an afternoon inspection and we were ordered to remove all beds from verandahs and all staff except the steward and one cook were required to sleep in the barrack room. Visitors arrived to deliver parcels the same day but they had to leave them for collection by us some distance away from our front door. With 134 patients and no beds on verandahs our space was pretty crowded. By now our non-medical staff was building up and we had one shoemaker, two tailors, one barber, two cooks, three rice grinders, four vegetable men and three wood men. We also used two men for pots and pans and two appear in my diary as having duties connected with beds though I cannot now remember

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

how these were employed. We had four gardens. The quartermaster and the padre slept in the former's office, three doctors slept in the small room we used as the staff officers' mess, while I was again fortunate and had a tiny room, enough to take my bed directly behind the main hospital office, an arrangement which was very convenient for all concerned. We re-started our meteorological observations on 14 April in lovely weather and I see that we had a small putting course and a croquet lawn in action both laid out over pretty rough country. The generator was successfully repaired and we tried to get cement to make a secure base for the engine. We were employing ten workers temporarily on various jobs while another ten were regarded as on permanent duty so long as they remained suitable. It was encouraging to receive two patients suffering from malaria and peptic ulcer respectively from Sham Shui Po since it looked as though we were going to be used as the local hospital for the camps. By 24 April the kitchen even began to accept private dishes for cooking from patients and staff. This sounds very grand, but in fact the dishes consisted of saved-up rice flavoured in various ways according to the resources of the owners. We now had a total of 176 people in the hospital and there were many spontaneous expressions of pleasure at our vastly improved conditions. The general spirit in the hospital was excellent, though we still had one patient on the dangerously ill list. The building was suitable for our use, our numbers were reduced, we were eating better and though we had some pretty ill patients they were being cared for in airy wards into which poured plenty of sunshine. I think this in itself, contrasting so markedly with the dull and rather gloomy wards with their sad associations in Bowen Road had a stimulating effect upon us.

The stairs leading from our part of the hospital to the Japanese quarters were blocked by wooden frames made by our carpenters on Japanese orders. The *Hongkong News* arriving very irregularly and we had to replace the white beds in the ward for the blind because they took up too much space.

By 26 April we had one garden ready for planting and we had decided that bully chow fan was a waste of good corned beef and that this was better made into rissoles. We washed out and thoroughly oiled all our drains but we could not obtain putty to repair broken glass in our metal frame windows. We were allowed to use the church piano up to 7 p.m. daily but the Assembly Hall remain-

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

ed out of bounds. One Volunteer died at 11.15 a.m. on 27 April and having no acceptable mortuary we conducted the funeral at once to a site near Argyle Street, a short distance from the hospital.

The Japanese celebrated 29 April as a holiday in honour of the Emperor's birthday, and we received two issues of cigarettes for staff from the Japanese. Early in May we got plants including tomato and pakchoi, from a Chinese garden and had already planted onions. On 2 May Saito told me to try the main switch and true enough on the following day the mains electricity supply was restored. More mail came in and on 4 May parcels arrived from our visitor friends, two being for the Hong Kong Volunteer who had died on 27 April.

On 5 May Saito put on the lights on the platform of the Assembly Hall and there was a concert which my diary shows to have included items in Japanese and English, though my memory does not recall details. On 7 May we ran a lottery for a consignment of Red Cross pullovers, blankets, under pants, vests, gloves, wool hats, green hats, mosquito nets, towels, jackets and cardigans. There were two towels and eighteen jackets, but in all other cases the numbers were between thirty and thirty five. By 10 May engineers were wiring up the room used as the operating theatre and X-ray room and were arranging to run our generator two days later to allow examination of our tuberculous patients and to allow a couple of minor operations to be performed. By now we had an additional supper meal including at times sweet meatless rissoles, cake, buns and soup. For a time we had no ration beans and the vegetables were poor. The absence of beans was serious for us since we had been issuing 28 grammes daily after fish ceased to be provided. About this time pay for staff and officers came in and I asked that those who were attending the blind might also be paid. We had another concert on 12 May and by the middle of the month I estimated that we had 42 patients who on their expected recovery would be eligible for turn-over with patients from Sham Shui Po. Some of these were already being employed by us on the one-month temporary basis. On 19 May we had a concert for the third Saturday running though I record that the turns were of mixed interest but that the standard was poor.

Small quantities of mail continued to come every week or two and I received a card dated July 1944. We were carrying out anti-mosquito measures both inside and outside our wire and we received

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

1056 packets of cigarettes costing 1.50 yen each and we sold them at a 10 sen profit on each packet. This allowed six packets per head for 176 patients and staff and all were taken up. We lost a clock from the kitchen on 19 May and concluded that trading was still going on. On 22 May we admitted an acutely ill officer from Sham Shui Po and on 24 May a Canadian soldier died and was buried at once. At this time we were very short of both Japanese and Red Cross food stores and though the compradore came on 26 May and took money he was not allowed to bring goods to us or to the other camps.

On 28 May the Japanese warrant officer in charge of rations gave Mr. Campbell a new scale to be effective from 1 June.

	Staff and Employed	*Patients and Non-employed*
Rice	G.660 = + 60	G.510 = + 30
Meat	40 = + 40	32 = + 32
Vegetable	540 = + 140	360 = + 70
Salt	10 = No change	8 = + 3
Sugar	10 = − 5	8 = + 3
Tea	2 = − 1	Nil = − 3
Oil	9 = − 31	9 = − 1
Curry	20 = + 20	15 = + 15
Beans	Nil = − 60	Nil = − 31

I imagine that these figures were target or even show figures for the Japanese, for the issues we could afford to make were always lower in practice.

On 29 May I was passing the R.E. shop with Saito when he went in and Q.M.S. Tyas told him how badly we needed diesel oil and cement. I remarked that I was being pressed every day for these stores, to which Saito very fairly responded that I was troubling him every day too on the same subject. We were very short of cooking oil and I reported that our present stock allowed only 0.85 litre for the whole hospital daily. Saito also promised to look into the supply of beans which I told him had vanished from our rations. I pressed him about canteen goods and said we were exceedingly short of salt, and of wood for fuel and that we fed our cooking fires only on wood which we had stripped from buildings in Bowen Road.

The same day Saito produced the old undertaking not to escape which all the staff and patients had signed in Bowen Road on 26

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

May 1942. Each page bore many signatures and Saito now wanted a similar undertaking to be given but with only one signature on each page. The original undertaking as presented to us in Bowen Road read "I hereby swear that I shall not make any attempt to escape whilst I am a prisoner of the Imperial Japanese Army. Dated this day 17th year of Showa". In 1942 we had had much debate with the Japanese over the text of this declaration and eventually the staff signed the following version, "I hereby swear that I shall not make any attempt to escape, and understand that I am on parole and may not leave the hospital precincts without permission from the Commandant". In 1945 Saito insisted upon the first version given above. I had a long argument with him saying that we had signed the alternative version in 1942 since we did not regard ourselves as prisoners, to which Saito retorted that in fact we had been and were being treated differently from other prisoners. All members of the staff signed the new undertaking, but the old date of 26 May 1942 was used in the 1945 form.

On 31 May the guard sergeant told me at 4 p.m. that a working party of 40 men was coming from Sham Shui Po and were to be accommodated in the church. We put up beds with mattresses and two pillows each, the beds being so closely placed as to touch each other and shortly afterwards 40 Canadians arrived with a sergeant in charge. Next day the working party went off early to Kowloon Hospital to heap earth round air-raid shelters, but they were not pressed too hard there.

On 1 June the parcels that came from our visitors included 250 eggs which we set aside for patients only. From the working party the hospital got a rumour that Sham Shui Po was sending a concert party the next day, a Saturday, and sure enough on 2 June a band and concert party numbering 41 came from camp by lorry and by march route. My diary records that we had music, both classical and Japanese, as well as dance music and variety acts. Tokunaga was present and the concert was good, but I was not allowed to do any more than provide the performers with sweet tea. On June 2 and subsequently we had no newspapers and Saito told me that none were being received in the camps either. Though our church was being used as a barrack room, services continued to be held and at this time we were again having to use ingenuity to avoid having to serve boiled rice only at meals. For example,

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

our entitlement to vegetables for two days was 191.5 kilos while we received only 64.5 kilos.

On 6 June, which my diary remembered to record as Derby day, I have a note that we had had two small issues of meat one about 26 May and another a few days later. We minced the meat up so as to get it distributed throughout the rice as chow fan and through the vegetable in stews. We were collecting vegetable issues each day by hand from Argyle Street and our own gardens while being successfully cultivated were not producing enough to affect the main hospital diet though sick patients did profit. By now we were doing a good deal of gardening outside the wire. On 7 June a note in my diary recorded for the first time that overnight two of our men on night duty had their dinners stolen. The empty containers later reappeared, having been taken by the guard sergeant.

On 8 June we had a welcome intake of Red Cross stores, the last receipts having come on 9 March. On this occasion we received 200 catties of beans (266 lbs); 100 catties wheat (133 lbs); 35 catties lard (41 lbs); 23 lbs peanut butter; 24 lbs preserved meat; 49 lbs cube sugar; 243 duck eggs and 20 bars of washing soap. This splendid intake allowed us to issue one half egg to each person in hospital.

It was on 9 June that Saito searched the hospital for three hours and took away for examination, he said, all case sheets for patients, all patients' records, operating books etc. that he could find. He also took documents relating to 27 Company R.A.M.C. together with some possessions taken from individuals. No one ever saw these again and I have recorded elsewhere how I got from Saito written acknowledgement of what he had done. On 10 June a second working party of 20 men came from Sham Shui Po to make gardens near our cemetery in Kowloon.

On 20 June I asked for some less fit men from the first working party to be taken off work and returned to camp and I also gave Saito at his request a list of men fit for discharge. These numbered only six. At this time I have a curious note in my diary that I signified approval to Saito on behalf of the officers concerned for the Japanese to use the interest on our savings for the benefit of all. The Japanese request was conveyed in a letter in their own language which was explained to me orally by Saito through his interpreter. I must have understood the proposal at the time but

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

I have no idea now what this meant. The first working party was transferred to another job and though none of the less fit had gone back to camp none of these were being worked.

It was at this time also that we ran out of rice, having deliberately issued for consumption on the scales approved by the Japanese. As a punishment Mr. Campbell and I were both slapped. We would not have run the risk of an empty rice store in earlier years but by then we were becoming more confident of our position. We did in fact go short for a day but fresh supplies came in within 24 hours. This was a very good intake, about 360 kilos, and I was able to work out a good ration on the basis of 510 grammes for 100 employed and 397 grammes for others, assuming that our stocks had to last until the end of July. We had another very good Red Cross intake on 29 June and at this time we were having 113 grammes rice for breakfast, 145 grammes for dinner and tea as well as 113 grammes for working party suppers. I learned also that much of the working party's work on air raid shelters had been undone by heavy rain. I also have a note that our steward's store was well wired up by us though I do not now remember who the predators were suspected to be.

On 7 July a Canadian officer died, admitted from Sham Shui Po on the 29 June. There was in this case a strong suspicion that the cause of death was encephalitis of the Japanese B. type. The next day a Hong Kong Volunteer died suddenly from a severe haemorrhage. On the same day the Japanese guard moved out of the Japanese half of the school building and we understood that Saito was going to live there. By 19 July Saito himself took check parades and we were still hoping to receive certain things that we had asked for such as a cross-cut saw and some drugs. On 11 July a Canadian soldier had broken his leg while working on a tunnel to be used by the Japanese as an air raid shelter. Splints were applied in a Japanese hospital and he was sent to us for admission. The working party reported to me that the tunnels they were digging were of amateurish design and were highly dangerous. I gathered that the sides and roofs were very inadequately shored up and there had been a number of falls of earth from roofs and sides. I tackled Saito at once about this, and he later told me that we could be reassured since the Japanese officer in charge said that they only needed more timbers to be used and all would be well. As a statement of the obvious this seemed to me to be pretty good.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

The men of the working party were not in the least bit reassured and took special care, and fortunately all members of both working parties left on 17 July unharmed.

About now Saito, in response to further pressure by me authorised the issue of rice from stocks up to the daily amounts then authorised i.e. 660 grammes for staff and 510 for others and Mr. Campbell arranged this accordingly. Saito wanted me to spare ten men for work on a garden by the cemetery but I could only spare about three for seven of the staff were sick now, five being engineers.

The stock of multivite capsules ran out on 16 July and we resumed injections of 2 mgm of thiamin on two days out of every three. Some of the staff were pretty sick with fever at this time and we had one certain and one suspected case of amoebic dysentery. I was able to send a few mosquito nets, stretchers and mattresses to Sham Shui Po, and this was a notable advance.

On 24 July Saito handed over five cases of American Red Cross Relief Supplies. Each contained four quart tins of cresol saponated solution, one litre of 5% dextrose in normal saline, one litre of normal saline, one bottle of 100 capsules each containing concentrated vitamins A and D, 25 bottles of sterile distilled water and two packages of water purification sets.

At this time in the compradore's shop prices were as follows:— Brown sugar 254.50 yen per lb; syrup 528 yen per tin; tomatoes 20.50 yen per tin; tomoto sauce 62.95 yen per bottle; rock salt 24.50 yen per lb; Chinese cigarette papers 3.36 yen per packet; matches 12.50 per box; tausi beans 50.50 per tin; white beans 215 yen per lb.

My diary for 28 July contains a remarkable entry to the effect that a Hong Kong Volunteer, a Hong Kong man, had received from a Hong Kong bank all his securities about ten days earlier. I have no idea now what the details were but this occurrence illustrates that lines of communication existed with the world outside of which I knew nothing.

About the end of July we had to reintroduce certain economies in our use of food. By then our stock of beans was very low and the amount of vegetables coming in was small and included a lot of peppers. We were down to three sacks of rice in hand when fortunately we received another forty each containing a nominal 60 kilos.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

On 4 August Mr. Zindel carried out a Red Cross inspection of the hospital together with Colonel Tokunaga and his staff, the whole lasting only about twenty minutes and I had no conversation with him. At this time we had been receiving small quantities of fresh meat at weekends and this had gone on for a few weeks before meat was replaced by salted fish, the first fish we had had for a long time. In early August the weather remarkably cool, dull and showery with the wind varying from S.W. to N.E. The barbed wire was now being brought closer to the hospital and excluded the playing field. We had two dangerously ill patients on 7 August and we received a drum of diesel oil from Saito via our engineers.

Mr. Sims was able to repair a burned out high tension cable on our X-ray set and I noted that we put an extra lock on the linen store, a further indication that active trading was still going on. The last Red Cross supplies we had received came in on 29 June and we were running short. Our wheat stock was exhausted and we stopped cooking buns but continued to produce a so-called cake each week and bread made from rice and beans was issued every second day. The Japanese issue of cigarettes for workers which had been due on 20 July arrived on 8 August and Saito told me that wood for fuel was very difficult to get and asked me to economise. We had made two attempts without success to make a wood saw from iron bedsteads. We had now a working party wiring and installing a water supply and a lavatory in the school sports pavillion for the use of the Japanese. We were given 186 small towels, enough for one to each person in hospital and the remainder were raffled. By now the hospital was tired of the lack of news, but remained fairly cheerful except for the blight of three patients on the dangerously ill list. On 15 August one British patient died, thus making the fifth death which had occurred in the Central British School. On 16 August we had a funeral, and a young bull was sighted in the hospital compound but just escaped us. On the same day my diary contains a note to the effect that the war was over, news which reached us via the guards. It is rather remarkable that the official surrender had been made only the previous day in Tokyo. I tackled Saito directly, asking for news but he replied that he had none, though he did promise to tell me as soon as any was available. Next day I asked Saito again in the morning for news and was answered very brusquely that he did not understand my question.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Confirmatory details that the war was ended were coming in via the sentries who it will be remembered were mostly Formosans. Check parades were being held less regularly and there was some cheering within the hospital. Later that night, 17 August Major Harrison and I walked out of the hospital and went to a nearby Internment Camp where we saw Dr. and Mrs. Selwyn-Clarke and Dr. and Mrs. Canaval who had worked with us during hostilities. I got back to the hospital at 1.30 a.m. to find the place deserted by the Japanese and our men collecting souvenirs. On this day an American Red Cross case was delivered by the Japanese to us and on 18 August the Japanese quarters inside the hospital were being cleared up and documents and mattresses were burned by them. There was much broken glass about the place from bottles, windows etc. and it was on the previous night that our guard sergeant known as "Slappy" was dealt with by some of our men who were getting a little of their own back. I found it remarkable that on this day Saito brought the August pay for all officers together with all the savings which had been deducted from pay by the Japanese. This amounted to 740 yen for a major and 370 for a captain. Apparently I signed for all of this, though I have no note as to what I did with this money which by now of course was practically valueless. Two old friends of mine, one from the Middlesex Regiment and one from the Royal Marines came from the officers' camp and gave us news of events there. I went to see the Indian camp and arranged to help them with supplies of drugs etc. Major Ashton Rose brought in one patient from Sham Shui Po and said he had about 60 still to come. At this time my policy was to reserve our hospital beds only for sick people and to transfer to camp those who required no active treatment.

On 19 August I went early to Sham Shui Po where I saw the senior officer who remained, Lieutenant Col. F. Field and others. Major John Crawford, the senior Canadian doctor was in charge of the officers' camp and Captain Strahan moved to give professional help in the Indian camp. I saw patients with Ashton Rose and Crawford and arranged for Sham Shui Po to remain as a reception station sending those who needed treatment to the Central British School in Kowloon. Surplus drugs and equipment were to be returned to the Central British School leaving in Sham Shui Po only items necessary for a reception station. Ashton Rose would go to the Indian camp as Senior Medical Officer, Swyer would be

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

S.M.O. Sham Shui Po and Crawford would be in medical charge in the officers' camp. I asked Swyer to send us five members of the R.A.M.C. including one sanitary assistant. The day before I had received a letter from Miss Dyson, our Matron from Stanley Camp who wanted her sisters with her there to rejoin us and this gave us pleasure.

During one of my absences from the hospital an incident had occurred over a flag. Someone had hoisted the Union flag on the hospital flag staff and Japanese troops with machine guns surrounded the hospital and for safety's sake we stopped all expeditions from the hospital for the time being. Saito had been observed by our people leaving the hospital with some trucks apparently filled with papers and documents and he had a drawn sword in his hand. On 20 August the Japanese again mounted an armed guard early in the afternoon. In the morning I had been told by Saito and Nomura that the Japanese were still in control and they arranged for Takami the supplies warrant officer to deal with us over food. I pressed him especially for milk and certain other urgently needed foods for medical purposes and required Saito to return to us all the records he had removed. He asked about the numbers we had in the hospital, a foolish but typical request because he must have known all about these already. Nomura told me that the gendarmerie must have been responsible for surrounding the hospital on the day before and we thought it wise not to fly the Union flag for a time. Colonel Field, as the senior officer in command of British troops visited us, and said he would send any food that he could and he approved of our action over the flag incident. He also agreed that following a request from Saito we should not make any large scale moves before he had seen Tokunaga. Saito asked me to give medical and other help to the Indian camp. I found this a queer request indicating a concern of which I had had no great evidence before and of course we were already doing all we could to help. Nomura and another Japanese, Sekiguchi, were busy on plans of our cemeteries and some of our people who had relatives in Stanley left to visit them.

We exchanged our older men and those who were crippled with patients from Sham Shui Po who needed active treatment, and then a further 14 people who had been in Japanese prisons were admitted including Major Boxer who was an old friend of ours from the early days. Half of the fourteen were civilians. Colonel Tokunaga

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

arrived accompanied by interpreters and the Japanese sent in 3000 packets of cigarettes, 12 bottles of saki, 36 tins of coffee, 40 kilos of salt, 180 kilos of sugar, 240 tins of milk, 48 kilos of butter and a sack of coffee beans. We were now doing very well because Major Crewe a R.A.S.C. officer came from Sham Shui Po to learn what supplies we needed and brought with him 26 pints of fresh milk which we gratefully received. Mr. C.E. D'Almeida brought us a gramophone and records and other gifts from 10 Ice House Street, and promised us supplies of drugs free which he was going to send over. A refrigerator and five bread tins came from the Red Cross in Hong Kong and I was told that stores were arriving the next day from Sham Shui Po for us to split between internees, Indian prisoners and ourselves. The internees numbered about 300, including sick and about 30 children. I was able to meet a request from Sham Shui Po for various regulations including Kings Regulations and Financial Instructions.

On 22 August we arranged with Colonel Field for all our Q.A. sisters to return, and Saito and Sekiguchi came to ask what they could do. The Governor of Hong Kong had been removed from the Colony by the Japanese and Mr. Gimson who had been Colonial Secretary at the time of our capitulation came with Mr. Nakimura from the Japanese Foreign Affairs Department. Major Lamb R.A.S.C. had been appointed to take charge of supplies and his policy was for us to rely upon Japanese rations supplemented by Red Cross stores and to indent on Sham Shui Po for our additional needs. A radio, with some mugs and gifts of milk were gratefully received by us from Mr. C.E. D'Almeida and gifts also came from Messrs. Ruttonjee of 11 Duddell Street. Eight of our civilians left for Stanley with Mr. Gimson and were delighted to go. The radio was working well indeed and on 23 August I asked Dr. Selwyn-Clarke to get us some vegetables, fruit, invalid jellies and flour. I telephone Nomura about our records and on 24 August I wrote to Colonel Tokunaga formally requiring the return of our hospital records. Mr. Campbell and I presented this letter to him personally at Japanese headquarters in the presence of Nomura. I said that we held Tokunaga personally responsible and he accepted the letter.

A batch of 19 visitors arrived from Stanley including two children, and we had to put them up overnight because of stormy weather in the harbour. British headquarters now required us to set out prominently a sign, "P.W." each letter to be 20 feet by 20

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

feet to help aircraft expected to drop supplies the next day. The sign had to be yellow, and the Japanese straw sleeping mats called tatami were used to construct the sign. Some huts in the Indian camp were blown down. We got Tokunaga and Saito to turn over St. Teresa's Hospital to us while we helped also by housing a number of people in our Assembly Hall. Our staff of rice grinders had stopped functioning and we had to use R.A.M.C. orderlies to help. We had been hoping that our sisters would have arrived but a party of them had apparently missed a ferry connection. A nearby typhoon accompanied by heavy rain caused the air drop of supplies to be postponed but the weather moderated and our marooned visitors were able to leave. Two women members of a religious order arrived from St. Teresa's Hospital distressed that a Japanese officer had disturbed them the previous night and I took them to the Indian camp where I arranged the move of patients and staff through Indian Army officers to St. Teresa's Hospital and I set about compiling lists of patients from all centres in order to classify those needing treatment and special transportation when relief arrived. We had a number of Canadian officers to lunch and Major Crawford was a welcome visitor later when he came to see the Canadian patients in hospital. He himself seemed in reasonably good shape by the standards of those days.

In consultation with Colonel Field certain difficulties over medical arrangements in some camps were remedied. The sisters in St. Teresa's Hospital were keeping three rooms for their own use and the Japanese were moving out. The St. Teresa's staff and patients would be fed from the Indian camp and we were now getting news over the radio which suggested that a relief force might arrive about the end of the month. An emergency operation was performed in our hospital on a patient admitted from camp. The disease was the same as that in the case of the patient whom I reported earlier had been received by us in Bowen Road in 1942 after ten days illness, when he died before surgery could be undertaken. Early surgery would have saved this patient and operation was totally successful in the case of the patient we had just admitted. Staff and patients were again being allowed out locally.

By 26 August I had occupied the office which Saito had used, and in St. Teresa's Hospital the sisters were now content with the arrangements while they also had access to houses at No. 317 Prince Edward Road. Major Evans was in charge here with Captain

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Strahan while Ashton Rose was preparing a medical report on Sham Shui Po. At this time we were being asked by the British Military administration to submit lists of our kit which had been taken by the Japanese but I imagine that this only added to the papers with which they had to deal at that time. The Colonial Secretary was installed in the French Mission at Battery Path and heads of government departments followed shortly afterwards. Commander Craven and Major Boxer left us for staff duties in Hong Kong and I arranged for two barbers to come and stay for a few days. Six of our Q.A. sisters arrived and another six came late at night accompanied by very necessary male escorts from Stanley. We were delighted to see them and put them all up and fed them but it was early morning before I got to bed. On 27 August Saito came back and I pressed him again for our medical records and he excused himself by saying he had been so busy. The Indian hospital had 259 patients and 45 staff and I arranged an X-ray session for Indian patients including a number suffering from tuberculosis. Selwyn-Clarke sent us a gift of brandy and cigarettes, showing that though he did not use these comforts himself he would not deny them to others. Miss Dyson now back in her rightful position as Matron set about getting overalls for her sisters, a splendid boost to the morale not only of these ladies but of the patients and staff as well. Madame Lebon made these and our army promised payment.

We finally closed our compradore's shop and agreed a business settlement with the compradore on the basis of him taking out cash plus goods to the total of 8831.06 yen. We had an excellent concert provided by Sham Shui Po, and some of the Hong Kong Volunteers, particularly those of mixed race, were slightly built and made up very attractively as girls. Members of the Indian camp and the Internee Camp at Ma Tau Wei attended and as usual in these days I was very late to bed. We found it necessary to control visiting hours in the hospital because of the very large numbers of people we had roaming about. On 28 August we got smoke flares from our people for touching off by day to guide our aircraft when they were dropping supplies and the Japanese also sent in smoke cylinders for a like purpose. They also sent in 3 bottles of whisky, 4 of peppermint for the dispensary, 8 of brandy, 50 of port, 6 of gin and 20 of sherry. I at once arranged a general issue of 2 ounces of port per head, a meagre ration which I thought was wise at the time.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

A R.A.F. sergeant got married on 28 August and Miss M. da Roza, a local lady offered her services as a masseuse for our patients.

At this time I had to deal with complaints arising from long standing antagonisms in P.O.W. camps now openly displayed after long repression. I am glad to say that this phase subsided eventually without overt official action becoming necessary. We also prepared a system of recording the medical condition of Hong Kong Volunteers before they were freed to their homes in the Colony. Doctor Newton, the deputy Chief Medical Officer in the civil medical service, took charge of the Internee Camp nearby and we were allotted a motor car which we shared with the Indian camp.

It was on 28 August that Saito came in with Hasegawa after 9 p.m. and told me formally that all our medical records had been burned about 15 August along with their own records which the Japanese were burning at that time. As I have reported earlier I got his written acknowledgement that these records had been destroyed and also that none of the plain clothes removed by him from us remained. My diary records that I spoke sternly on this matter, which must have given me some pleasure at the time.

By now a party was going each day from the hospital to visit relatives and friends in Stanley. The journey was made by ferry and took about two hours. On 29 August some planes came over just after 7 a.m. and some food and cigarettes were dropped later the same day in Sham Shui Po. Included in the drop were some medical boxes and my diary records that the contents of these came as a marvellous revelation to us. We were doing well about this time because the Japanese delivered about eleven thousand packets of cigarettes and jam to us and we heard that British warships and aircraft carriers had been seen off Stanley. On 30 August planes were flying over Hong Kong all morning and a B.B.C. radio report said that the fleet had come. Nomura asked for lists of our patients and I required him to come and get these himself. This action was possibly required of him by our relieving force.

True enough a large fleet came into harbour on 30 August, which was 14 days after the Japanese surrender. This delay seemed a long time to us but the arrival of the fleet brought to an end a confused situation in which we were increasingly managing our own affairs. We sent our car for Admiral Harcourt to go to Sham Shui Po and he later went round our hospital with Mr. Gimson who

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

had taken over the civil administration for the time being. The Admiral cheered us all up by saying that his hospital ship could take 600 patients and he had asked for another hospital ship as well. A Canadian warship, the *Prince Rupert*, took some Canadians and all our sisters off to supper in the ship. I worked up to 2.30 a.m. preparing lists for the use of our Military Headquarters in Sham Shui Po and also the details of our hospital patients awaiting evacuation.

On 31 August a naval doctor arrived as a liaison officer and I called on Surgeon-Captain Willoughby the P.M.O. in the hospital ship *Oxfordshire*. Some tough looking marines commandeered transport and we transferred 101 patients to the hospital ship at once. At this time my diary records that we had ample food but I was dead tired and the P.M.O. very kindly asked me to stay in the *Oxfordshire* as he seemed to think I needed a rest. This was most considerate of him but there was still much to be done. Willoughby wanted the Q.A. sisters to sail also in the *Oxfordshire* with the patients, but Miss Dyson objected strongly and rightly won her point. The rest of the patients embarked in the hospital ship also and we provided case notes for all such patients. A Group-Captain R.A.F. came to the hospital to take it over for R.A.F. use, but our army sisters remained with us to their, and our, delight. A very senior R.A.F. combatant officer took some joy telling me that those of us who had wives at home were in for some nasty shocks for most of these had gone badly astray during the war. He did not say how their husbands had conducted themselves.

The Indian Hospital seemed to be well under control and Major Evans told me he had 314 patients in hospital, about 85% of whom had manifestations of pellagra, and I was able to help by supplying some drugs.

The ship's P.M.O. Willoughby advised the Admiral that the *Oxfordshire* should go direct to the United Kingdom to avoid having to tranship patients in Manila, and the ship thereupon accepted another 90 patients and was replaced by the New Zealand hospital ship, *Monganui*, of which the P.M.O. was Bennett. On 3 September I crossed the harbour and recovered all my buried records from Bowen Road, and I went from there to Shau Ki Wan where I found no trace of the possessions of any of our men who had been killed at the army medical store near there. They had been buried in craters behind the Salesian. I could not get transport

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

to go to St. Albert's Hospital. There was sporadic small arms fire near the places that I visited, but none seemed to be directed at us and who was shooting at whom I do not know.

My diary records, to my considerable surprise now, that I suggested to the senior British officer, Colonel Field that if the *Empress of Australia* was taking away the rest of the prisoners, perhaps the quartermaster and I should be left for a short time to liaise with the incoming medical services, moving to the Gloucester Hotel for this purpose. I could only have done this with Mr. Campbell's agreement and why on earth we had such a foolish idea I cannot now imagine. I considered another suggestion from Selwyn-Clarke that I should take over and organise the surgical services in the Queen Mary Hospital, but this meant an extra two months in Hong Kong and I declined the offer. Selwyn-Clarke also wanted us to send six doctors to Stanley and four to Victoria, but none stayed for this purpose so far as I know.

It was about now that I heard a story that in the last stages of hostilities in 1942, Brigade Headquarters in the area had allocated alternative accommodation in Stanley prison for St. Stephen's Hospital which was nearby. The hospital did not move and so was overrun in the fighting there. It was then that the tragedies affecting patients, nurses and medical staff occurred. This story did not give the time at which the move of the hospital was suggested, but the notice was probably short and with the small staff available, the numbers of wounded being cared for and the total involvement of our fighting troops with the enemy and so unable to help, such a move probably seemed to be impracticable to the commanding officer, as it does to me. There was also a story that the Japanese had taken photographs of empty beds fitted with sheets in the upper part of St. Albert's Hospital which were stated to be reserved for British patients while Indians who were wounded were left lying on the floor. It was said that much use of these photographs had been made in the Japanese propaganda directed at Indian troops to induce them to join the Indian National Army which collaborated with the Japanese. I knew the Matron, the nursing and medical staff of St. Albert's Hospital very well and they would never have allowed separation of patients on grounds of race. I have no doubt at all that just as we did in Bowen Road, the staff in St. Albert's would nurse side by side all patients irrespective of race.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

At this time I took part in some discussions on any action to be taken to report on the conduct of individuals while prisoners and I took the view that adverse reports should only be made in cases of the grossest neglect of duty and I made no report of this kind. Our staff and patients, apart from an occasional minor misdemeanour by one or two, conducted themselves spendidly.

On 4 September the large *Empress of Australia* arrived. I took two R.A.F. doctors to the Central British School where they saw something of the population of bugs and very understandably wanted to occupy apartments in near by flats. By now the R.A.F. had brought 3000 troops in the Colony and they needed hospital services for their sick. There was, as might be expected some confusion in the various administrations. Some people were moving too fast with too little thought, while others thought too long before moving. On 5 September I went off to the *Empress of Australia* early and later found that Surgeon-Captain George Abercrombie was now Fleet P.M.O. in the battleship H.M.S. *Anson*. Abercrombie was later to be a founder member and in due course a distinguished President of the College of General Practitioners (later a Royal College), and I had the pleasure of meeting him quite frequently in London later. He kindly invited me to lunch in the *Anson* one day. Long voyages in warships in war time conditions had left him looking rather pale, while of course I was pretty thin by that time. The main dish at lunch was a mutton stew in which the mutton was extremely fat and the watery part of the stew was laden with fat globules. I well remember the look of horror on his face as he watched me dispose of what to him must have been a repulsive dish.

At this time I learned that Colonel Lindsay Ride was replacing Field as senior officer in the army in Hong Kong. Ride had commanded our Field Ambulance during the fighting in Hong Kong. He was a professor in the University and his Chinese students helped him to escape as soon as we surrendered to Mainland China, where he set up an organisation to keep in touch with events in Hong Kong and which helped people to escape from the Colony. I believe that it was through his thoughtfulness that my wife learned that I was still alive after hostilities ended but none of the messages I sent off from Hong Kong after our release ever arrived. Ride was later Vice-Chancellor of the University of Hong Kong, and knighted for his services to the Colony.

The R.A.F. hospital moved into the Central British School

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

where they fed us and found our guard. In the *Empress of Australia*, Major MacIntyre was senior medical officer and he turned out to be a fellow graduate of the University of Glasgow, a coincidence which turned out to be much to my advantage.

Apparently at this time I was making returns to some authority or other relating to money transactions while we were prisoners. In the Civil Internment Camp in Stanley, I believe that a few people who could get money sent in lent sums to others for repayment after the war at exorbitant rates of interest. This practice was frowned upon by the British leaders in the camp, and the returns I refer to undoubtedly had to do with transactions of this kind. The hospital had been free of such speculators who operated on this scale. On 8 September I received a message from my wife and on 9 September we embarked in the *Empress of Australia* for a destination that was unknown. Next day we took on board all who were being evacuated from Stanley camp, having anchored just off the peninsula there. On 13 September we disembarked in Manila and were sent to an Australian officers camp where we were medically examined and interrogated on 15 September. While in Manila all messing arrangements were kept going throughout the whole 24 hours for the benefit of those who felt they needed much food. On 18 September we reembarked in the *Empress* but our Q.A. sisters had taken the other route home via Canada. We voyaged home via Singapore, Colombo, Aden, Suez where all the troops were re-equipped with warm clothing, then after a short stop in Port Said we landed in Liverpool on 28 October having been delayed for 24 hours outside the port by storms and high winds. My thoughts went back to a similar 24 hour delay when my wife and I originally landed in Hong Kong some six and one half years earlier.

While we were in Colombo a very interesting event occurred. Our accommodation in the *Australia* was on wartime standards and some of our men reacted very unfavourably to the crowded conditions. The atmosphere in the troop decks had become fiery at times. While we were anchored in Colombo, Lady Mountbatten came on board looking very smart in her Red Cross uniform. She went below to the troop decks, climbed on a mess table and spoke in simple and direct terms to the men. She drew their attention probably for the first time to the vastly different conditions in which life was being lived in ships and at home after six years at war. Her talk showed her sympathy and her understanding and I have

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

never known a speech to have a more direct and immediate effect and the atmosphere on the troop decks changed vastly for the better.

CASUALTIES AND EVACUATION OF WOUNDED DURING HOSTILITIES

I shall now add a few sections on aspects of the period of captivity that are not conveniently included in the many records, under several heads.

I have already said a little about the very difficult hilly and broken ground over which fighting took place in Hong Kong and about the roads suitable for wheeled transport which were under direct observation in many places by an enemy who not only knew every one of them but also knew the hill tracks as well. Movement by road was usually possible only at night and roads themselves were often cut by Japanese infiltrating troops. The conditions under which our troops had to carry out a continuous withdrawal, pressed closely by a very mobile enemy were extremely arduous. The supporting services, including the medical services likewise found their tasks extremely difficult and a short assessment of casualty evacuation may be of interest. The statistics are taken from Volume 11 of The Official Medical History of Campaigns in the Second World War.

The strength of our garrison when hostilities began was 10,976 officers and men of the British and Indian armies and when the locally raised units were added the total rose to about 14,500 of whom about eleven thousand were combatants. Many members of locally raised units probably melted into the civil population when the end of hostilities was seen to be approaching. A figure of 11,000 officers and men at risk is therefore assumed. The Official History records that 2,113 men were killed, died of wounds or were missing, and give a total of 1,332 as having been wounded seriously. Earlier in this account I reported that Indian army troops had their own hospital and that in Bowen Road we admitted Indian troops when they were wounded nearby, when they were transferred to us for special investigation and treatment by the Indian hospital and when they were transferred to us from other hospitals which were closing down after our surrender. The casualties for which we were responsible in Bowen Road therefore seem to be the total of 856 non-Indians recorded in the Official History.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

None of the foregoing figures can be taken as more than approximately correct. A figure however for which I can vouch with certainty is the total number of wounded treated in Bowen Road. This figure was 646 and was carefully computed by me in the studies I made of our records during the months and years of captivity before the Japanese finally destroyed them. The Bowen Road figures include all who were seriously wounded during hostilities, because all wounded admitted to other hospitals in the Colony and who were unfit for discharge to P.O.W. camps after our surrender were eventually concentrated in Bowen Road by the end of February 1942. The last patients who suffered war injuries to be admitted came from St. Teresa's Hospital in Kowloon when this closed on 11 August 1942. My record of the total Bowen Road casualties amounting to 646 is likely to be less than the actual total number of wounded, because when other hospitals were closing and evacuating their more seriously wounded patients to Bowen Road it is likely that a number of other patients had by then recovered sufficiently to be able to go to P.O.W. camps and it must be remembered that it was the Japanese who decided where these patients must go.

The official figures suggest that, excluding Indian casualties, some 855 soldiers were seriously wounded during hostilities. In Bowen Road we treated 646 of these. It is evident therefore that about 75% of seriously wounded other than Indians were evacuated by the medical services to hospitals. This represents a major success having regard to the conditions, and the system of evacuation and the skill and determination with which it was carried out must be judged to have worked well. The Field Ambulance commanded by Lieutenant Colonel Ride, which achieved these results was responsible also for recovering Indian casualties, and I have no doubt that these were evacuated with the same degree of success as were the British casualties. Figures however are lacking since the Indian Hospital was overrun during the Japanese advance and records were lost. Readers will recall that early in the hostilities the Chinese ambulance drivers deserted, understandably enough especially to those familiar with the Japanese treatment of captured Chinese opponents. Thereafter ambulance cars were driven by Field Ambulance personnel usually drawn from the medical services. This makes their achievement all the more notable.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

The Official History gives a break down of the Bowen Road casualties taken from tables which I compiled. The many patients who had suffered severe wounds of the head, neck and spine, the chest, those who had suffered compound fractures, and penetrating wounds of the large joints and abdominal wounds can only have reached hospital as a result of the heavy and devoted work on the part of the Field Ambulance Companies.

Our defence of Hong Kong was therefore very costly in terms of casualties, and the medical services engaged in recovering the wounded achieved a degree of success of which all concerned can be proud.

RESPONSIBILITY WITHOUT POWER

Up to August 1942 my activities were recorded only in the case sheets of patients and the surgical records. Thereafter I kept a careful note of events.

I suppose I was chosen by the Japanese to take charge because of my seniority in the British Army, but up to then I had little contact with them and I can only conjecture now that they made enquiries of others and then decided on me. It was fortunate for me that my British seniority was undoubted, just as it was fortunate that the Japanese choice for the second in command never had to assume responsibility over the head of a more senior officer in the British army.

Having been "promoted" by Col. Simson to be lieutenant-colonel, before his departure he told me to take charge of the hospital. The Japanese order transmitted to me by Major Boxer was only that I should take charge and no clearer instructions were ever given. Looking back I seem to have slipped into a routine to meet the situation which existed. I operated my charge on simple lines. In all matters of importance affecting residents in the hospital, consultations took place between me and them. Sometimes this was achieved through formal committees, sometimes by personal chats with many individuals. In matters of internal discipline of course I retained my authority, though here again I tried to understand conditions and motives in the cases of individuals who had transgressed. I left the hospital only once between August 1942 and March 1945 and that was only to help a working party to unload from a lighter, patients coming from Kowloon. I had no say as to what patients came in; so far as discharges were concerned

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

I was told by the Japanese, usually at about twelve hours notice overnight, to have a given number of patients for discharge. Such was our crowded state that, particularly in the early months we had to select patients best fitted for discharge even though we would have preferred to keep some longer. Patients for discharge were selected by their own medical officers in wards, though occasionally I would have to adjudicate when dfficult decisions had to be made. I never felt that the hospital was really securely settled in Bowen Road throughout our whole time there.

The Japanese usually made their requirements known to me direct, though often enough I learned of some development through Major Boxer while he was a patient, or the quartermaster, or the sergeant major, or the engineers or even others. I never regarded these varying approaches as attempts to undermine my position. It merely chanced that they were convenient to the Japanese at the time.

I never achieved any conversation with our Japanese authorities on other than official business. I soon found it was useless to hope for any comment at all if any two Japanese were together. Neither would speak under these conditions. When talking to one of our Japanese authorities on business he might easily appear to agree with something one had asked for, and it took me some time to learn to be wary about apparent agreements. An agreement signified by one Japanese was quite often changed by another or even by the same man on a later occasion. The hissing intake of breath through the teeth and the comment "Ah So", (the phrase was "Ah So Desuka" which means roughly "Is that so") were sounds to which we became thoroughly accustomed.

The Japanese regulated our total numbers of patients, our intake and the numbers of our discharges. They sent in our rations and our fuel and in both cases they allocated a scale for use. We found it wise to issue on slightly lower scales than we were authorised to do in order to make sure that we did not run out of stocks before the next supplies arrived. We received from time to time supplies for the repairs of boots and clothing while small quantities of drugs and dressings came in on a scale quite inadequate for our needs if we had been dependent on these only. Some Japanese could be wheedled if they were in the right mood, but this was a skill in which I had no great proficiency and our prize wheedler was our Corporal R. Thompson, some of whose coups were most entertaining.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

I can recall only three occasions on which the Japanese interfered with internal discipline in the hospital and I have given a short account of two of these earlier. On the third occasion our executive sergeant-major Mr. Bartley had crossed the Japanese in some way and for the only time in my three years experience Sergeant Seino came to me, indicated displeasure with Bartley and asked if I wanted him removed from the hospital staff and sent to P.O.W. camp. Bartley's executive ability was of great value in the hospital and I had no hesitation in saying that I did not want him removed. He stayed with us until our release.

Patients and staff were fairly often slapped by guards for some real or imagined disobedience or slight. These punishments were never serious, but I was always apprehensive that the person slapped might retaliate and so cause real trouble. I took up the cudgels on behalf of our people on every occasion, but I never obtained any real satisfaction and I wondered how much authority our hospital Japanese administrators had over sentries.

Within the hospital the routine discipline affecting patients and staff was in my hands. Control in wards was in the hands of medical officers in charge, assisted most effectively by the system whereby selected patients were placed in charge of internal ward affairs. These patients were of several nationalities and were not always senior in rank. Their characters and standing with patients seemed to give them more effective authority. I have referred earlier to petty thieving.

Occasionally offenders had to be dealt with formally by me in my office. Usually a reprimand sufficed though occasionally a man would be confined in a small room in an outhouse with a wire stretcher as bed. This method was used rarely and a man's food was never cut in any circumstances, while he was closely observed during the term of his punishment in order to avoid adverse effects. At the end of the war no records of misconduct were handed over to any authority by me and no man was reported to any service authority for misbehaviour of any kind.

Many of the problems I had to cope with arose from the antagonisms which spring up between individuals, particularly if they are called upon to work in conditions of close proximity. There was no relief from the physical presence, the personal habits, the method of working of others in the particular team so that it was

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

easy for a job or an individual to become intolerable. Most disputes were smoothed out by the patients in charge of wards, the chief wardmaster, or the executive sergeant-major. I used to make regular visits informally to wards after the evening check parade, and here I could chat to patients in charge and to other patients. I thus came to hear of many of the disputes I refer to above and much gossip reached me from these and other sources though nothing in any way approaching an information service ever operated within the hospital to relay news to me. Some disputes reached me officially and on many nights I lay awake for a while pondering over problems which were really insoluble. I developed the ability to comfort myself with the thought that I could do no more and I went to sleep. It was remarkable how many unpleasant situations involving our relations with Japanese and relations within the hospital did in fact solve themselves, possibly not on the next day but within a few days. Solutions came about usually by a change of attitude on the part of someone who had previously seemed immovable. I was extremely fortunate in having a small converted lavatory in which I had my bed and so could occasionally shut my door though I remained available to anybody at any time. In Kowloon again I slept in my own office and so in both places I cannot be too grateful for this boon.

I rested in the afternoon only on some Sundays. All the other days I occupied myself gardening, cutting grass in the grounds, chopping wood or in some way in which I was involved physically. Over months I analysed the war casualties in a great deal of detail and so was able at the end to produce for the editors of the Official History a report which was valuable to them. Otherwise I played a bit of bridge.

SEX

No account of any human activities is complete nowadays without some reference to sex. In the present case I do not need to give much space to this subject. Earlier I referred to the fact that some soldiers before hostilities broke out, were so alarmed by the near certainty of venereal infection if they consorted casually with the local women that they turned to their own sex in the hope of avoiding this disease. The hope was a vain one and many contracted venereal infections from homosexual relationships.

In the seven months during which 50 women were living in the hospital in captivity with us, almost every nook and cranny was

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

occupied and privacy was non-existent. Privacy during sexual play was essential thirty years ago except in certain centres which were catering for unusual tastes; my observations suggest that privacy seems to be not essential at the present time.

After the sisters and auxiliary nurses left I wondered if we might discover some homosexual manifestations. The sexual instinct is one of the last to be submerged by physical deterioration due to hunger and this is shown by the reproduction rate remaining high in countries where the population is often on the verge of starvation and is always undernourished. In my many conversations throughout the hospital I never heard any talk of homosexual practices going on.

I set out to confine this account to events in the Military Hospital but I must include a short tale about the Civil Internment Camp in Stanley where both men and women were held. I understood that the Japanese authorities there issued an order which ran in the following terms. "Sexual intercourse is prohibited except between husband and wife or close friends". This story maybe apocryphal but the language in which the order was supposed to be couched is typical of the rendering of our language by many, perhaps most of the Japanese interpreters I met and could well be true. Anyway it is a good story and perhaps worth telling.

THE ATOMIC BOMB

In Kowloon we had no idea that two atomic bombs had been dropped on Japan and had provided the final weighty argument which forced the Emperor to assume responsibility on 15 August 1945 for ordering his forces to surrender. I have recalled earlier that I had no doubt even in the early days that the power of the Allies would eventually overcome the Japanese, but the only picture I could conjure up to myself was that of a long slogging series of attacks up the coast of Asia and against the multitudes of islands in Japanese hands, all fiercely defended. I thought that this process would take many years and would certainly be reinforced by a tight blockade by the allies. Huge tracts of Chinese territory round Hong Kong were in Japanese hands and as the situation for the Japanese deteriorated, such was their reputation that I could not imagine them allowing a large number of prisoners to consume valuable food. I thought the outlook was dismal in the extreme

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

and I doubted very seriously whether any prisoners would get out of Hong Kong. Having reached this conclusion it seems strange that one just carried on. I do not recall discussing the situation as I saw it with any other person in the hospital, for it was my job to try to keep people cheerful rather than inspire feelings of gloom. I suppose the truth of the matter is that with the blessing of work to be done it became possible to shut one's mind to the dark thoughts that crowded in.

In 1944 the effects of the blockade on the Japanese began to become evident to us, though after April 1945 when the hospital reopened in Kowloon our conditions were improved and my own depression and I believe that of others lifted very considerably.

The military situation was such that in April 1945 the Japanese expeditionary force in China which had recently been reinforced numbered about one million men, though by this time neither the training of the troops nor their equipment were good and their efficiency was not high. Responsibility for the Canton area was laid upon the Japanese 23rd Army which consisted of six divisions, two independent mixed brigades, two independent infantry brigades and the defence force allocated to Hong Kong. In May 1945 the 23rd Army was reduced from six to three divisions, but its task was still to hold Liuchow Peninsula, the Hong Kong-Canton area and Swatow in order to repel an American invasion.

Whatever plans may have been made or even considered, our Official History contain no suggestion that an American or British attack on Hong Kong was contemplated in 1945. Lieutenant General Wedemeyer, the American Chief of Staff to Generalissimo Chang Kai-shek and commander of the American forces in China, hoped to have a force of 13 Chinese armies, each of three divisions for operations in the Hong Kong-Canton area. Wedemeyer's plan was to attack the Hong Kong-Canton area in the last quarter of 1945, and the assault on Canton was to be made on 1 November. Sixteen out of Wedemeyer's 39 divisions had American training and were fully equipped. None of the other 23 was either fully equipped or trained. At the time of the Japanese surrender 20,000 troops and civilians laid down their arms in Hong Kong. It would seem therefore that the battle for the relief of Hong Kong would have been fought between Japanese and Chinese troops. All operations of course were halted after the atom bombs were dropped.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

A direct assault on the Japanese homeland using conventional weapons was being prepared at the time the bombs were dropped. In spite of their reduced nutrition and lack of supplies of all kinds there seems little doubt that an allied invasion of Japan would have been bitterly resisted and would have proved very costly. The cost of the invasion of the sacred territory will now never be known. It seems quite possible that in the prevailing mood at that time reprisals of all kinds might have been ordered to be taken upon any allied personnel in Japanese hands. The execution of the airmen captured in the Doolittle air raid on Japan in 1942 comes to mind.

I do not intend to examine the morality or the political implications of the use of the atomic bomb at all, nor on the fact two were dropped. Opinions of these matters will always differ. I confine myself here to what I see as the facts as they affected us. A Japanese-Chinese war in the neighbourhood of Hong Kong would have been prolonged, situations would certainly have arisen in which our safety would have been jeopardised and at the best many of us might not have survived at all. The decision by President Truman to use the atomic bombs resulted in our release almost overnight. Seen in contrast with the other possibilities which might have been envisaged, this was a wonderful outcome.

A VIEW IN PERSPECTIVE

Thirty years after the events and after making allowances for the discreet phrasing of my diaries and for the effects of the passage of time in scaling down the few peaks of elation and levelling up the much more numerous troughs of depression I conclude that we, the staff and patients in the British Military Hospital, Hong Kong fared better than many other prisoners in Japanese hands. The published accounts of others, most of them written nearer to the events than my present story and so perhaps more influenced by passion, are far too numerous and ring true. I am allowing myself now to speculate on the somewhat privileged position we enjoyed, privileged that is by the standards of those who were Japanese prisoners.

Firstly our unit fell into Japanese hands as a fully equipped and staffed hospital with a full complement of patients seriously wounded in action, and hence perhaps, in the eyes of our captors more worthy of consideration than men who had surrendered, even though

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

ordered to do so, unwounded. However this may be, there we were, available to relieve them of the responsibility of caring for our casualties.

The next point of importance is the Japanese decision to behave like other belligerents and abide by the terms of the Geneva Convention though they had not been signatories. As a result, they recognised and accepted representation in Hong Kong and some, at least of the activities of the International Red Cross Society.

As a possible third consequence they allowed the hospital to remain in its buildings and concentrated there all allied wounded from other hospitals in the Colony. They used it also to receive some, but not all sick from the P.O.W. camps.

All of these actions conferred clear benefits on the Japanese, as well as upon us.

Any drugs or dressings removed by them from the hospital were in such small quantities as to be unimportant to us. Even when an electricity generator was taken, we still had another left. Except when some unacceptable decisions to admit too late, or discharge too early, sick prisoners were made by the Japanese the clinical freedom of our doctors was not challenged.

The hospital was given staple food and fuel rations and clothing and boot repair materials on a scale which may have been based on a standard used for Japanese troops who of course were known to live in part off the country in which they were operating. International agreements of course required only this scale to be observed. I think that our guards fared rather better than we did on their basic rations, especially in fish, but I have recorded earlier the anxiety shown by guards when their rations, like ours were late in arriving. I recall here the public statement to us in 1944 by a supplies officer that there were shortages on the Japanese side but that they would try to keep the hospital properly supplied. This was an appeal to us to understand their position, an appeal which fitted ill with much of the Japanese bearing towards prisoners. Their plight then, in Japan itself as well as in Hong Kong and no doubt elsewhere was extremely grave and their desperate resistance for another year is surprising. It was however hard, even impossible for prisoners to take then the detached view that we can today.

While the Japanese haul of booty in the form of drugs and medical supplies in Hong Kong must have been enormous the quantities that reached the hospital were negligible and we were

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

left to rely almost wholly upon the stores we possessed. Knowing the Japanese fear of infectious disease I am still surprised that they did not take decisive action to curb the outbreaks of epidemic diseases by supplying for example antidiphtheritic serum and drugs with specific therapeutic action in sufficient quantities. Maybe by then however, these stores had been shipped to Japan.

So far as the deficiency diseases are concerned my account shows that bulk supplies of food stuffs of special value to us began to be supplied by the Red Cross after the effects of the deficient diets became evident and a little before the spate of visits we had from Japanese inspecting officers and medical men. I cannot tell whether pressure was put upon the Japanese by the Red Cross to get permission to send in food stuffs they surely knew were badly needed, or whether the threat of unmanageable numbers of men suffering from deficiencies caused Japanese uneasiness which was communicated to the Red Cross. Whatever the immediate cause the resulting improvement for us was undoubted. It must however be placed on record that the scale of Japanese rations and the type of food stuffs supplied by them did not change at all. All the benefits therefore came from the Red Cross supplies.

I always found the Japanese attitude to gifts brought by our Hong Kong friends to be hard to understand. Though they kept a strict general control of the system they were not stupid and I always thought that they turned a blind eye to a possible method of communication between relatives and friends in and out of hospital which they must have known or at least suspected to exist. No understanding of any kind ever existed between us and the Japanese over this system.

The standard of technical medical and nursing care of our wounded in the hospital was high, but I believe that because we were left in Bowen Road we were shorn of some of our ability to contribute to the treatment of sick prisoners, especially during the epidemics. In order to reach hospital from any camp, a patient had a lorry journey in Kowloon and another on the Island, with a cross-harbour journey by lighter in between. This involved at least four disturbances and handling of patients. Since neither I nor any other hospital doctor was allowed to discuss or try to coordinate a proper allocation of the resources that we could muster with our medical colleagues in the camps, transfer of patients to hospital depended upon the whims of the unpredictable Japanese doctor

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Saito. He acted without giving reasonable consideration to the cases of sick people put to him as needing hospital treatment, so that many for whom hospital treatment could have been life saving were not sent in.

When the hospital moved nearer to the camps in Kowloon in 1945 we began to see signs that it might be going to be used properly to receive the more serious cases in the camps as they occurred and so fulfil its proper function. If we had been moved near to our sources of patients at the beginning of our imprisonment we might have served our sick more extensively and would have been of greater value to the camp doctors. A move then, when we had a hospital full of seriously wounded would have been dangerous for these men. By the time the move occurred the need was much less pressing though our availability did, I believe, do much to improve our service.

I do not know what relations existed between Saito and his commander Colonel Tokunaga, but while I must, in justice be careful in reaching judgments, I consider that as a medical man Saito failed to do much that lay within his power for our sick, particularly those in camps. In saying this I do not claim for our prisoners more than the standards of care allowed by international agreements. A coordinated plan to apply such resources as we commanded in camps and in hospital would have made a vast difference to the medical story of prisoners in Hong Kong.

While therefore I can agree that we in the hospital fared better than many in Japanese hands I must also record my conviction that the possession and careful husbanding in the hospital of our own resources played a very large part in such successes as we achieved. Any success that attended the efforts of any of us would have been immensely diminished without the aid of Mr. Zindel and the Red Cross Society and our generous friends in Hong Kong.

Without the life saving measures provided by the medical services in the P.O.W. camps, using makeshift resources, many patients would never have reached the hospital at all.

THE STAFF

My main purpose in writing this account is to record the history of the British Military Hospital, Hong Kong, from 1942 to 1945 and those who served on the staff or were patients there. The account fails to record some of the colourful personalities we had

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

among us. I have referred to only a few people by name and this has occurred when the story would be incomplete otherwise. In singling out individuals I do an injustice to those who are not named and this is clearly unfair. Some, like myself had weaknesses, but all could be relied upon in difficult times; at the other extreme some were magnificent throughout, courageous and dependable in the long months and years of the slogging, unexciting routine work needed to nurse and care for the personal needs of patients, to supply and feed them and keep their surroundings in a state of good order and cleanliness. In all these circumstances I have felt it improper at this distance from events to single out more individuals by name. In an appendix (Appendix C) is provided a list of those who served in the hospital from August 1942 to our release in September 1945. This is a hospital staff Roll of Honour which it is a privilege to publish.

Though the period December 1941 to August 1942 is not covered by my diaries and I have touched on events during that period only lightly I must refer specially to the lady nurses of the Q.A.I.N.M.S., the Royal Canadian Nursing Service the Volunteer Nursing Service and the Auxiliary Service. Miss .EM.B. Dyson as matron was responsible for the training of the additional staff before hostilities and for arranging the staffing of the additional hospitals set up in St. Albert's Convent, in Stanley, in Happy Valley and in the Hong Kong Hotel. In St. Albert's the matron, Miss Kathleen Thomson, was wounded and one sister, Miss Brenda Morgan, was killed by shell fire and elsewhere a number of these ladies suffered badly at the hands of Japanese troops. The Royal Naval Hospital had its own nursing service under Miss Olga Franklin and found itself practically in the fighting line before moving to St. Albert's Convent Hospital. When this hospital was overrun the matron and nursing staff were tied up with ropes for a time. In Stanley, medical officers and patients were murdered before the eyes of the nurses and some of the latter were criminally assaulted, while nurses at Happy Valley suffered like fates. Our nurses at Bowen Road were spared these fates only, I consider, because the Colony had surrendered just as the hospital was about to be overrun. That these dangers were real is shown further by the advice given to us by a Japanese officer after our surrender that we should keep our nurses away from observation by Japanese troops. All this was known to these ladies and their courage during

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

hostilities and in captivity was of the highest order and had an enormous effect in inspiring patients and male staff. I have recorded earlier the gloom that descended on Bowen Road when the army and navy nurses and all the women volunteers who backed them up were removed to civil internment in Stanley in August 1942; it was three years before we saw them again. Miss Dyson became deputy head of the Army Nursing Service in later years. Miss Franklin became head of the Naval Nursing Service and others reached high positions in the National Health Service. Others still assumed family responsibilities, so that the splendid qualities which showed so clearly in Hong Kong had not been extinguished by their dreadful experiences. I publish their names in an appendix but as I have no records I trust that any whose names are not included will forgive me.

CONCLUSION

The future does come "one day at a time". I hope that the method I have chosen to present this story, involving the recording of much detail will allow readers to form for themselves a picture of the uncertainties and conflicting influences which constantly beset us. The story is not a smooth one, nor were the events it describes but the patients and staff in the British Military Hospital, Hong Kong, bore what happened to them in a manner in which their corps, services and the Colony can take pride.

ACKNOWLEDGEMENTS

I have read widely in the history of the Second World War and in the personal stories by many who had experience in the Far East. I have had discussions with Sir Selwyn Selwyn-Clarke and Miss Gwendolene Colthorpe who was, till recently matron of St. Stephen's Hospital, Chelsea. The Misses Elaine and Helen Ho have been good enough to read the section dealing with the efforts of our friends in Hong Kong to help us. While none of those named has any responsibility for any of the opinions I express I am extremely grateful to them for their help. My wife typed the earlier drafts and without the spur that she applied and without her industry the story would never have been completed. I gladly acknowledge a deep debt to her. I am indebted to Miss Beryl Brown for much valuable advice and help on the production of this account, and to Miss Lorraine Robinson for the final typescript.

London, W.8. March 1975.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Appendix "A"

Patients and Staff on Full Diets — Average daily issue of food supplied by the Japanese in grammes.

Table 1: 1942

	Rice	*Veg.*	*Bread*	*Fish*	*Peanut Oil*	*Sugar*	*Tea*	*Salt*	*Fruit Dried*	*Meat Fresh*	*Meat Preserved*	*Whale*
April - June	191.3	283.5	283.5	14.2	—	21.3	—	4.2	14.2	49.6	5.6	14.2
July	195.0	251.3	283.5	7.6	—	28.3	—	5.9	19.7	73.7	—	—
August - December ...	198.0	294.7	320.2	—	3.4	14.1	1.2	7.1	28.3	— (4.0 fresh)	—	—

Notes:—

1. *Fresh Milk* — Between August and December, 1942, a total of 2629.4 litres issued by Japanese were used for patients only.
   A single issue, amounting to 0.17 litre per head was made to 72 staff in September, 1942.
2. *Margarine* — A total of 28.1 kilos supplied by Japanese was issued to patients only between August and October, 1942.
3. *Fresh Fruit* — In October, 1942, all patients and staff had a single issue of 2 bananas. Pumelos amounting to 21.8 g. per head were also issued.

Table 2: 1943

Rice	*Vegetable*	*Bread*	*Fish*	*Soy Beans*	*Peanut Oil*	*Sugar*	*Tea*	*Salt*
278.0	412.5	See Note 4	151.2	10.7	13.0	1.5	2.6	3.7

© RASHKB and author
ISSN 1991-7295

Notes:—

4. In July 1943 the daily bread ration had to be nearly halved to 159.0 g. because of flour shortage. From August to December the daily issue of flour only can be given and this was 98.0 g.

5. Consequent upon the reduction of bread/flour, the rice ration was increased in July.

6. In June the fish ration became smaller and diminished further from September onwards.

7. In January and again in March, supplies of barley were received equivalent to a daily consumption of 3.3 g. in January and 8.5 g. in March.

8. Curry powder equivalent to a daily issue of 0.8 g. was received in August and September. In December, the amount received allowed an issue of 1.0 g. per head per day.

9. *Fresh Milk* A total of 4961.9 litres was issued to patients only over 12 months. In addition each patient and each member of the staff received a total issue of:—

0.28 litre in April and May	0.28 litre in September and October
0.14 „ „ June	0.26 „ „ November
0.42 „ „ July	0.3 „ „ December
0.48 „ „ August	

Table 3: 1944

Rice	*Vegetable*	*Bread*	*Fish*	*Soy Beans*	*Peanut Oil*	*Sugar*	*Tea*	*Salt*	*Curry Powder*
476.1	302.0	See Note 10	64.2	4.4	19.0	4.7	4.0	4.8	1.0

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Notes:—

10. The flour ration ceased at the end of February.

11. In August fully feathered Manchurian pheasants and partridges, (dated 1941 and obviously from a cold store) were received undressed; they provided one issue of 8.3 g. pheasant and 4.9 g. partridge in August, i.e. well under half ounce total but they made very acceptable stews.

12. *Fresh Milk* A total of 3958.9 litres was issued to patients only over the 10 months January to October. In addition each patient and each member of staff received a total of:—

0.17 litre in January	0.36 litre in May
0.3 „ „ February	0.5 „ „ June
0.25 „ „ March	0.23 „ „ July
0.8 „ „ April	None thereafter.

The total thus issued to patients and staff was 802.4 litres.

Table 4: 1945, 1 January - 23 March, at Bowen Road

Rice	*Vegetable*	*Fish*	*Soy Beans*	*Peanut Oil*	*Sugar*	*Tea*	*Salt*	*Curry Powder*
445.0	323.0	See Note 14	3.0	19.0	5.0	4.0	5.0	1.0

Notes:—

13. During March 1945 the staff had extra (working) rations as follows daily for 14 days:—
Rice 120.0; Soy Beans 1.0; Peanut Oil 20.0; Sugar 10.0.

14. *Fish* In January a daily average of 32.0 g. per day; in February, the fish issue was 4.0 grammes per day; there was no further issue while in Bowen Road.

15. In January, cockles were issued equivalent to 3.0 g. per head per day.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Table 5: 1945, 10 April - 31 July, at Central British School, Kowloon

Rice	*Vegetables*	*Fish*	*Soy Beans*	*Peanut Oil*	*Sugar*	*Tea*	*Salt*
461.0	300.0	See Note 20	See Note 21	16.0	8.0	See Note 22	6.0

Notes:—

16. In April, the staff had the following extra rations daily;
Rice 85.0; Soy Beans 30.0; Peanut Oil 15.0; Salt 3.0.
20 Patients had the same extra rations for 10 days only.

17. In May, 40 staff and 20 patients had the following extra rations daily;
Rice 90.0; Vegetable 60.0; Peanut Oil 14.0; Salt 3.0.

18. From 1st June to 17 July, a British Working party from Sham Shui Po was accommodated in the Military Hospital. From 1st to 9 June this numbered 40 and thereafter the number was 60. In June, all members of staff and working party each had extra rations;
Rice 113.0; Vegetable 40.0; Salt 2.0.
Throughout July all staff and up to 17 July the British working party also had extra rations as follows:—

Rice 92.0; Sugar 1.0; Tea 2.0; Salt 1.0.

19. No fresh milk was received during 1945.

20. *Fish* A daily average of 32.0 was issued in January. The average dropped to 4.0 in February. No further issue was received until July when the average daily issue was 14.0.

21. *Soy Beans* A daily average of 31.0 was issued in April. In May this dropped to 5.0. No further supplies were received.

22. *Tea* A daily average of 3.0 was issued in April and May. No further supplies were received.

23. *Fresh Meat* Having disappeared from the rations in 1942, it reappeared in May 1942, when the daily average per head was 4.0. In June the daily average was 20.0 and in July 30.0.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Appendix "B"

Specimen Menus — General Messing

1942 — Week 7 - 13 Aug.

Breakfast

Bread & Sugar
5 days

Bread Sugar Tea
2 days

Tea

Rice Sweet Potato
3 days

Rice
1 day

Rice Date Pudding
3 days

Dinner

Rice Fish Yams
2 days

Rice Fish Sweet Potato
1 day

Rice Fish Vegetable
1 day

Rice Yams
1 day

Rice Vegetable, Sweet Potato
2 days

1943 — Week 7 - 13 June

Breakfast

Tea Bread Sugar Barley
1 day

Tea Bread Beans
1 day

Tea Bread Sugar Beans
2 days

Tea Bread Sugar Rice Porridge
1 day

Tea Bread Barley
1 day

Tea Bread Ground Rice
1 day

Dinner

Rice Vegetable
2 days

Rice Fish Vegetable
1 day

Rice Fish Sauce
1 day

Rice Cucumber
3 days

Tea

Rice Tea Fish
6 days

Tea Ground Rice Pudding
1 day

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

1944 — Week 7 - 13 June

Breakfast

Tea Rice Atta
5 days
Tea Bran Rice
1 day
Tea Sugar Rice Bran
1 day

Dinner

Rice Meat Stew Vegetable
1 day
Rice Fish Tea
2 days
Rice Vegetable Milk
1 day
Rice Preserved Meat Vegetable Sugar
1 day
Tea Rice Vegetable Peanut Butter
1 day
Rice Vegetable Fish Marmalade
1 day

Tea

Tea Rice Sugar Beans Marmalade
1 day
Tea Rice Egg Plant Peanut Butter
1 day
Tea Rice Beans Marmalade
1 day
Tea Rice Fish Stew Soy Sauce
1 day
Tea Rice Beans Peanut Butter Soy Powder
1 day
Tea Rice Vegetable Fish Cake Syrup
1 day
Tea Rice Beans
1 day

1945 — Week 7 - 13 June

Breakfast

Tea Rice & Bran Porridge
4 days
Tea Bread Half Egg
1 day
Tea Bread Beans Rice Bran
2 days

Dinner

Tea Rice Vegetable
5 days
Tea Rice Preserved Meat Stew
1 day
Tea Rice Meat & Vegetable Stew
1 day

Tea

Tea Rice Curried Veg.
3 days
Tea Rice Vegetable
1 day
Tea Chow Fan
1 day
Tea Rice Curried Veg. Half Egg
1 day
Tea Rice Meat & Veg. Stew
1 day

Supper (Working Staff only)

Tea
4 days
Tea Rock Bun
1 day
Tea Vegetable Soup
1 day
Tea Cake
1 day

Note: The quantities of food can be gauged from the tables in Appendix A.

Vol. 15 (1975)
ISSN 1991-7295

Appendix "C"

Roll of Staff — Table 1

Rank	*Name*		*Unit*
Major	Anderson*	J.W.	R.A.M.C.
Sergeant	Anderson	J.H.	R.A.M.C.
Lt. Colonel	Bowie*	D.C.	R.A.M.C.
W.O.I.	Bartley*	W.L.	R.A.M.C.
Private	Bulter*	G.E.	R.A.M.C.
Lieut. (QM)	Campbell*	F.J.	R.A.M.C.
Sergeant	Cunningham	T.C.	R.A.M.C.
Corporal	Chandler*	F.R.	R.A.M.C.
Private	Cawley	J.	R.A.M.C.
Private	Clyne	T.F.	R.A.M.C.
Captain	Coombs**	A.H.	R.A.M.C.
Private	Cummings*	R.R.	R.A.M.C.
Q.M.S.	Climo*	R.	R. Engineers
Sergeant	Carvell*	J.	R. Engineers
Major	Durran	J.	H.K.V.D.C. (Medical)
Corporal	Davies	A.F.	R.A.M.C.
Corporal	Dodds*	J.W.	R.A.M.C.
Sergeant	Edge	H.B.	R.A.M.C.
Private	Entwistle*	H.R.	R.A.M.C.
Major	Fraser	J.D.	R.A.M.C.
Captain	Fraser	N.L.	A.D. Corps
S/Sergeant	Forknall	G.W.	R.A.M.C.
Private	Galt	C.	R.A.M.C.
Major	Harrison*	G.F.	R.A.M.C.
Corporal	Hindley*	F.	R.A.M.C.
Corporal	Harper*	D.	R.A.M.C.
Corporal	Hugill*	W.J.	R.A.M.C.
Private	Harrison	R.C.	R.A.M.C.
Private	Harrison*	C.E.	R.A.M.C.
Private	Hedley*	J.H.	R.A.M.C.
Private	Howe*	S.J.	R.A.M.C.
Private	Jenkins*	J.G.	R.A.M.C.
Private	Johns	P.	R.A.M.C.
Private	Jotcham*	A.E.	R.A.M.C.
Private	Keogh	G.	R.A.M.C.
S/Sergeant	Lethbridge*	F.W.	R.A.M.C.
Corporal	Lyall	R.	R.A.M.C.

Journal of the Royal Asiatic Society Hong Kong Branch
© RASHKB and author

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Rank	*Name*		*Unit*
Corporal	Leath*	N.J.	R.A.M.C.
Mr	Leghorn	J.	Att. R. Engineers
W.O.I.	Muxlow*	J.L.	R.A.M.C.
Private	Molloy*	W.	R.A.M.C.
Corporal	Nicholls*	R.	R.A.M.C.
S/Sergeant	Platt*	J.H.	R.A.M.C.
Sergeant	Peasegood	H.	R.A.M.C.
Corporal	Pike	S.C.	R.A.M.C.
Private	Pratt*	D.G.	R.A.M.C.
L/Corporal	Rennison		R. Engineers
S/Sergeant	Roberts*	J.H.	R.A.M.C.
Corporal	Reynolds*	J.S.R.	R.A.M.C.
Private	Richardson	J.	R.A.M.C.
Private	Roberts	T.	R.A.M.C.
Private	Ross*	L.	R.A.M.C.
Major	Swyer	J.E.	R.A.M.C.
Revd.	Squires*	S.J.	R.A.Ch.D.
Private	Sinclair	A.L.	R.A.M.C.
Private	Skimins	W.	R.A.M.C.
Private	Syme	J.A.	R.A.M.C.
Private	Stanley*	E.	R.A.M.C.
S/Sergeant	Shorthouse	G.P.	A.D. Corps
Sergeant	Smith	A.W.	A.D. Corps
M.S.M.	Sims*	E.	R. Engineers
Q.M.S.	Samways*	W.	R. Engineers
Corporal	Thompson	R.	R.A.M.C.
Corporal	Twitchett*	A.	R.A.M.C.
Q.M.S.	Tyas*	T.A.	R. Engineers
Corporal	Whybro*		R.A.M.C.
Corporal	Wilkinson*		R.A.M.C.
Corporal	Varty*		R.A.M.C.

Footnote:—

No asterisk ..... Served in Bowen Road only
One „ ..... Served in Bowen Road and Central British School
Two „ ..... Served in Central British School only

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Attached to Staff — Table 2

Rfm	Archibald	Canadian Army
Private	Baxter	
Rfm	Cambon	
Private	Caruso	
Rfm	Davidson	
Private	Frankiewicz	
Private	Kashton	
Private	Kohut	
Rfm	Woodridge	
Corporal	Young	
Rfm	Snively	
O.S.	French	R.N.
Q.M.S.	Hamlen	R.A.S.C.
B.S.M.	Lobban	R.A.
C.S.M.	Collings	H.K.V.D.C.
Sergt.	Lockie	R. Scots
Corporal	Carter	R. Sigs.
P.O.	Waardenborg	R. Netherlands Navy

Appendix "D"

Roll of Q.A.I.M.N.S. and Canadian Nursing Sisters, British Military Hospital, Bowen Road (Incomplete)

Miss E. M. B. Dyson
Miss Mirian Beaman
Lieut (Miss) Kay Christie — Canadian Service
Miss Gwendelene Colthorpe
Miss Mary Curry
Miss Freda Davis
Miss Molly Gordon
Miss Brenda Morgan (Killed)
Miss Margaret North
Miss Kathleen Thompson
Miss Daphne Van Wart
Lieut (Miss) May Waters — Canadian Service
Miss Joan Whiteley

Notes:—

1. To my great regret I have not got the names of the members of the Hongkong Auxiliary Nursing Service.
2. The two members of the Canadian Service were repatriated to Canada in November 1943.

Journal of the Royal Asiatic Society Hong Kong Branch Vol. 15 (1975)
© RASHKB and author
ISSN 1991-7295

Editor's Footnotes

1. Dr. Bowie's own career and achievements, before and after the historic events of which he writes, will be of interest to readers of this Journal. They are as follows:

M.B. 1918. University of Glasgow.
F.R.C.S. Royal College of Surgeons, Edinburgh 1929.
Honorary F.R.C.G.P. (Royal College of General Practitioners) 1969.
Sir Arthur Keith Medallist, Royal College of Surgeons, England, 1969.

Main Appointments, Army.

Commissioned R.A.M.C. 1918.
Served in U.K., France, Germany, Turkey.
Seconded to Egyptian Army 1923-25.
Shanghai Defence Force 1927.
Territorial Adjutant, 54th East Anglian Division T.A. 1928-30.
Surgical Specialist, British Troops in Egypt 1930-35.
Surgical Specialist, Queen Alexandra Military Hospital, London 1936-39.
Surgical Specialist, British Troops in China, Hong Kong, 1939.
Prisoner of War, 1941-45.
Reader in Military Surgery, Royal Army Medical College, London 1946-48.
Consulting Surgeon, Middle East Land Forces 1948-50.
Retired 1950. (voluntarily)

Civil.

Regional Postgraduate Dean, British Postgraduate Medical Federation, University of London in North West, South West Metropolitan and Wessex Hospital Regions, 1950-70.

Now Retired.
Dr. Bowie was awarded the O.B.E. (Military) in 1946.

2. Dr. Bowie's account of Japanese attitudes and behaviour can usefully be set beside the comments of Sir Selwyn Selwyn-Clarke and Dr. Li Shu-fan, the eminent Hong Kong surgeon, who both experienced them at first hand. Sir Selwyn writes (pp. 71-72 of his autobiography referred to at p. 178 above):

> Nobody can deny that man's potential for cruelty was exhibited on an appalling scale by the Japanese in the stress of war. It was predictable in the circumstances that I should suffer my share of ill-treatment at their hands, and this is what presently came about. Yet the feature of their character that stood out from that whole experience was in fact their unpredictability. They would be acquiescent, even humane, when least expected, vicious with sudden fury after a phase almost of apathy. They could respect, sometimes, a principled stand or an unflinching argument, and yet visit a meaningless rage upon the helpless. To attempt to understand them was the plain duty of anyone seeking to protect a community that was at their mercy, and the first lesson to be learned was that surrender violated their military code, making a prisoner a non-person. But this too was a generalization, and as such to be guarded against as one guarded against racial prejudice. For men are not cast in one mould, even by war, even by a code or an ideology.

Dr. Li's account of Hong Kong under Japanese rule is given in chapters 6-9 of his autobiography, *Hong Kong Surgeon* (London, Victor Gollancz, 1964) in which his comments at pp. 159-160 are relevant here.